

OHIO INTERSCHOLASTIC ATHLETIC ADMINISTRATOR'S ASSOCIATION

OIAAA / NIAAA DUAL MEMBERSHIP FORM

JULY 1, 2015 - JUNE 30, 2016

All requested information is required to properly process your membership.

Name:	<input type="text"/>	School:	<input type="text"/>
Home Address:	<input type="text"/>	School Address:	<input type="text"/>
City	<input type="text"/>	City	<input type="text"/>
Zip Code:	<input type="text"/>	Zip Code:	<input type="text"/>

Which Address do you prefer to be used in contacting you? Home School

Telephone Office Ext Cell Home

Preferred e-mail address:

Years in Interscholastic Athletic Administration ending June 30, 2015:

Professional Certification:
 - NONE - RMSAA - RAA - CAA - CMAA

Date of Birth (required for Insurance purposes): / /

In which OIAAA District is your school located?
 Central East Northeast
 Northwest Southeast Southwest

CURRENT AND NON-ACTIVE ATHLETIC ADMINISTRATORS

Please indicate your membership choice:

<input type="checkbox"/> - OIAAA / NIAAA (\$130.00)	<input type="checkbox"/> - OIAAA ONLY (\$60.00)	<input type="checkbox"/> - NIAAA ONLY (\$80.00)
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Is this your FIRST membership with the NIAAA? - NO - YES

If NO, please provide your current NIAAA Membership Number:

PAYMENT MUST ACCOMPANY MEMBERSHIP FORM TO BE PROCESSED

Make Checks Payable to: Randy King, Treasurer, OIAAA 12183 Watkins Road Marysville, OH 43040

FOR ADDITIONAL INFORMATION VISIT - oiaaa.org