

**OHIO INTERSCHOLASTIC ATHLETIC ADMINISTRATOR'S ASSOCIATION  
ANNUAL MEMBERSHIP APPLICATION  
JULY 1, 2014 - JUNE 30, 2015**

<b>Name</b> _____	<b>School</b> _____	
<b>Preferred Address</b> _____		
<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____

<b>Office Phone</b> _____	<b>Cell Phone</b> _____	<b>Home Phone</b> _____
<b>Preferred e-mail</b> _____	<b>Date of Birth</b> _____	

**Please circle your Certification level**                      **RMSAA**                      **RAA**                      **CAA**                      **CMAA**

**Circle your district**                      **CENTRAL**                      **EAST**                      **NORTHEAST**                      **NORTHWEST**                      **SOUTHEAST**                      **SOUTHWEST**

**How many years have you served in Interscholastic Athletic Administration ending June 30, 2014? Do not count coaching.** \_\_\_\_\_

**PLEASE INDICATE YOUR MEMBERSHIP REQUEST FOR 2015**

**CURRENT & NON-ACTIVE ATHLETIC ADMINISTRATORS**

<b>OIAAA / NIAAA DUAL MEMBERSHIP</b> _____ <b>\$130 Dual Membership</b>	<b>OIAAA MEMBERSHIP ONLY</b> _____ <b>\$60 Ohio Membership</b>	<b>NIAAA MEMBERSHIP ONLY</b> _____ <b>\$80 National Membership</b>
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***Retirees: Please use the Retired Membership Form***

Payment MUST accompany membership form.

VISIT [OIAAA.ORG](http://OIAAA.ORG) FOR ADDITIONAL INFORMATION OR FORMS

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