OHIO INTERSCHOLASTIC ATHLETIC ADMINISTRATOR'S ASSOCIATION
RETIREES MEMBERSHIP APPLICATION
JULY 1, 2015 - JUNE 30, 2016

Name _____ School Retired From _____

Preferred Address _____

City _____ State _____ Zip Code _____

Office Phone _____ Cell Phone _____ Home Phone _____

Preferred e-mail _____ Date of Birth _____

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

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

How many years did you serve in Interscholastic Athletic Administration ending with your retirement? Do not count coaching. _____

PLEASE INDICATE YOUR MEMBERSHIP REQUEST FOR 2015-2016

RETIRED ATHLETIC ADMINISTRATORS ONLY

_____ $80 Dual Membership	_____ $50 Ohio Membership	_____ $30 National Membership
_____ $200 Ohio Lifetime Membership	2015-2016 Year Life Fee Paid	_____ Year Retired
_____ Current Lifetime Member	_____ Year Life Fee Paid	

Payment MUST accompany membership form.

VISIT **OIAAA.ORG** FOR ADDITIONAL INFORMATION OR FORMS

Make Checks Payable to:

Randy King, Treasurer, OIAAA
12183 Watkins Road
Marysville, OH. 43040