

## OHIO INTERSCHOLASTIC ATHLETIC ADMINISTRATORS ASSOCIATION

**NEW!** MEMBERSHIP APPLICATION

JULY 1, 2017 - JUNE 30, 2018

Name _____	School Retired From _____
Preferred Address _____	
City _____ State _____ Zip Code _____	

Office Phone _____	Cell Phone _____	Home Phone _____
Preferred e-mail _____		Date of Birth _____

Please indicate your Certification level: **RMIAA**    **RAA**    **CAA**    **OMAA**

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 2017-2018**

**RETIREE ATHLETIC ADMINISTRATORS ONLY**

_____ <b>\$\$\$ Dual Membership (OAAA &amp; NIAA)</b>	Year Retired: _____
_____ <b>\$\$\$\$ OAAA Lifetime Membership</b>	Are you currently an Ohio "Lifetime" member: <b>YES</b> <b>NO</b>
_____ <b>\$\$\$\$ OAAA/NIAA Lifetime Membership</b>	(Circle one)

Payment MUST accompany membership form.

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

**Make Checks Payable to:**

**OAAA**

Randy King, Treasurer, OAAA  
12183 Watkins Road  
Mayfield, OH 43060