

OHIO INTERSCHOLASTIC ATHLETIC ADMINISTRATORS ASSOCIATION

STUDENT/STUDENT MEMBER MEMBERSHIP APPLICATION

JULY 1, 2017 - JUNE 30, 2018

Name _____	Current School/College _____	
Preferred Address _____		
City _____	State _____	Zip Code _____
Office Phone _____	Cell Phone _____	Home Phone _____
Preferred e-mail _____		Date of Birth _____

PLEASE INDICATE YOUR MEMBERSHIP REQUEST FOR 2017-2018

SPECIAL STUDENT MEMBERSHIP REQUESTS ONLY

_____ SEE Dual Membership (DAAA portion)	Projected year of graduation: _____
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Payment MUST accompany membership form.VISIT DMAA.ORG FOR ADDITIONAL INFORMATION OR FORMS**Make Checks Payable to:****DMAA**

Bruce Brown, Executive Director

707 Dale Ave. NW

Strasburg, OH 44680