

OHIO INTERSCHOLASTIC ATHLETIC ADMINISTRATOR'S ASSOCIATION

STUDENT/ASSOCIATE 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

_____ \$10 Dual Membership (OIAAA portion)	Projected year of graduation: _____
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Payment **MUST** accompany membership form.

VISIT OIAAA.ORG FOR ADDITIONAL INFORMATION OR FORMS

Make Checks Payable to:
OIAAA
Bruce Brown, Executive Director
707 Dale Av. NW
Strasburg, OH 44680