



Ohio Interscholastic Athletic Administrators Association
OIAAA / NAIAA **STUDENT** MEMBERSHIP APPLICATION
July 1, 2019-2020

Name _____
Preferred Email _____
Date of Birth _____
Preferred Address _____
City _____
State _____
ZIP _____
Current School/College: _____
Cell Phone _____
Office Phone _____
Home Phone _____

Membership Options \$20.00 Annual OIAAA / NAIAA Dual Membership

Projected year of graduation: _____

NAIAA # _____ (if previous member)

PAYMENT MUST ACCOMPANY FORM TO BE PROCESSED

Make checks payable to:

OIAAA

Bandy King, Treasurer, OIAAA

1888 County Road 1

Delaware, OH 43015

For additional information visit: www.oiaaa.org