

# CCOSA Membership Form 2010-11

Please complete the following information, sign and return to CCOSA. (Please type or print)

**If you choose to have membership dues payroll deducted, please provide your payroll office with a COPY of this form and return the original to the CCOSA office at 2901 Lincoln Blvd, OKC, OK 73105.**

Questions call 405-524-1191 ~ Fax 405-524-1196 ~ E-Mail: [ccosa@ccosa.org](mailto:ccosa@ccosa.org)

First Name \_\_\_\_\_ Preferred \_\_\_\_\_ Last Name \_\_\_\_\_  
 Last 4 of SSN \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_  
 Prof Title \_\_\_\_\_ District \_\_\_\_\_  
 School \_\_\_\_\_ E-mail \_\_\_\_\_  
 School Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 \_\_\_\_\_ County \_\_\_\_\_  
 Office Phone \_\_\_\_\_ Ext \_\_\_\_\_ Fax Number \_\_\_\_\_ School Type \_\_\_\_\_  
 Middle Level Member \_\_\_\_ Grades \_\_\_\_\_ **1<sup>st</sup> Year Principal: Yes \_\_\_\_ No \_\_\_\_** Recruited by: \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\*\*\*\*\*Beneficiary Information for CCOSA Life Insurance Policy\*\*\*\*\*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Beneficiary Address \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*\*CHECK YOUR ASSOCIATION FOR 2010-2011\*\*\*\*\*

<b>ACTIVE Membership</b> is for administrators serving at any level and in any capacity at the state; school district or site level.		
_____ <b>OAES</b> P Membership Dues \$250.00 _____ <b>NAES</b> P Membership Dues \$215.00 <small>(Nat'l Assoc of Elementary School Principals)</small>	_____ <b>OASS</b> P Membership Dues \$262.00 _____ <b>NASS</b> P Membership Dues \$234.00 <small>(Nat'l Assoc of Secondary School Principals)</small>	_____ <b>OASA</b> Membership Dues \$331.00 _____ <b>AASA</b> Membership Dues ♦ \$426.00 <small>(American Assoc of School Administrators)</small>
<b>OAES</b> P SUB-TOTAL _____	<b>OASS</b> P SUB-TOTAL _____	<b>OASA</b> SUB-TOTAL _____
_____ <b>CCOSA PAC*</b> <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other _____	_____ <b>CCOSA PAC*</b> <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other _____	_____ <b>CCOSA PAC*</b> <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other _____

♦AASA is offering a Small District Membership for \$190.00 for Superintendents in schools with less than 350 students

\*Voluntary contributions to the CCOSA Political Action Committee (PAC) will be used to make contributions to candidates for state elective offices.  
 The amount you give or the refusal to give to the CCOSA PAC will not benefit or disadvantage your membership in any way.

**ASSOCIATE Membership** is for educators not currently holding an administrative position:

_____ <b>OAES</b> P Associate \$100.00 _____ <b>OAES</b> P University Assoc. \$100.00 _____ <b>CCOSA PAC*</b> <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other _____	_____ <b>OASS</b> P Associate \$100.00 _____ <b>OASS</b> P University Assoc. \$100.00 _____ <b>CCOSA PAC*</b> <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other _____	_____ <b>OASA</b> Associate \$100.00 _____ <b>OASA</b> University Assoc. \$100.00 _____ <b>CCOSA PAC*</b> <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other _____
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**TOTAL DUES OWED \$ \_\_\_\_\_ (Membership Dues + PAC Contribution)**

**PAYMENT METHOD: \_\_\_\_\_ Payment In Full: \_\_\_\_\_ Payroll Deduction: \_\_\_\_\_ Postdated Checks**

**PLEASE NOTE: CCOSA cannot accept dues payment for an individual on a direct purchase order (PO) from school districts.**

The signing and returning of this form affirms your membership and life insurance information for the 2010-11 year.

**Member Signature \_\_\_\_\_ Date \_\_\_\_\_**

\*\*\*\*\*Office Use Only\*\*\*\*\*

Member # \_\_\_\_\_ Original Member Date \_\_\_\_\_ CCOSA District # \_\_\_\_\_ Expiration Date \_\_\_\_\_