

CCOSA Membership Form 2009-10

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

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

Questions call 405-524-1191 * Fax 405-524-1196 * E-Mail: ccosa@ccosa.org

Name _____

Last 4 of SSN _____ Birth Date _____ Sex _____

Prof Title _____ District _____

School _____ E-mail _____

Address _____ Cell Phone _____

_____ County _____

Office Phone _____ Ext _____ Fax Number _____ School Type _____

Middle Level Member ____ Grades _____ 1st Year Principal: Yes ____ No ____ Recruited by: _____

Home Address _____ Home Phone _____

*****Beneficiary Information*****

Name, Relationship _____

Address _____ Phone _____

*****CHECK YOUR ASSOCIATION FOR 2009-10*****

___ OAESP	<u>Total</u>	<u>\$250.00</u>	___ OASSP	<u>Total</u>	<u>\$262.00</u>	___ OASA	<u>Total</u>	<u>\$331.00</u>
Membership		\$235.00	Membership		\$247.00	Membership		\$312.00
CCOSA-PAC Contribution		\$ 15.00*	CCOSA-PAC Contribution		\$ 15.00*	CCOSA-PAC Contribution		\$ 19.00*

___ OAESP Associate	\$100.00	___ OASSP Associate	\$100.00	___ OASA Associate	\$100.00
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Associate Membership is for educators not currently holding an administrative position

___ NAESP	\$215.00	___ NASSP	\$234.00	___ AASA	\$403.00**
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(Nat'l Assoc of Elementary School Principals)

(Nat'l Assoc of Secondary School Principals)

(Nat'l Assoc of School Administrators)

**AASA is offering a Small District Membership
for \$180.00 for Superintendents in schools
with less than 350 students

University Associates': ___ OAESP \$100.00 ___ OASSP \$100.00 ___ OASA \$100.00

PAYMENT METHOD: Payment in Full ___; Payroll Deduct ___; Bill District ___; Postdated Checks ___

TOTAL DUES OWED \$ _____

*CCOSA-PAC contributions will be used to make contributions to candidates for state offices. The suggested amount is only a suggestion; more or less than the suggested amount may be given; the amount you give, or the refusal to give any at all will not benefit or disadvantage you in any way with CCOSA.

The signing and returning of this form indicates you wish to join for the 2009-10 year.

Member Signature _____ **Date** _____

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

Member # _____ Original Member Date _____ CCOSA District # _____ Expiration Date _____