



# Buckeye Association of School Administrators Membership Enrollment Form 2016-2017

**Submission Date**

Ohio's Superintendent Association

## MEMBER INFORMATION

8050 N. High Street, Suite 150  
Columbus, OH 43235  
614-846-4080  
614-846-4081 (fax)

Administrative Assistant's Name (if applicable) Administrative Assistant's E-Mail Address

Prefix (Dr., Mr., Mrs.) | First Name | Middle Initial | Last Name

Position | County | District/Organization Name

Street Address | City | Zip

Office Phone / Extension | Fax | Cell Phone

E-Mail Address

### Home Information:

Home Street Address | City/St | Zip

Home Phone - Home E-Mail

## SALARY SURVEY INFORMATION

Retired – Rehired  Yes  No  
 Board Paid Bonus  Yes  No  
 Maximum Bonus Amount \$ \_\_\_\_\_  
 Vehicle Provided by Board  Yes  No  
 Years in Current Job \_\_\_\_\_

Vacation Days per Year \_\_\_\_\_  
 Maximum Vacation Days Reimbursed \_\_\_\_\_  
 # Days in Work Year \_\_\_\_\_  
 # Days for Severance \_\_\_\_\_  
 ADM \_\_\_\_\_

### BASA MEMBERSHIP

#### Membership Enrollment for August 1, 2016 – July 31, 2017

**Active BASA Membership**

Line 1	2016-2017 Salary Amount	= \$ _____
Line 2	Board Paid STRS Pick Up % and Amount _____%	= \$ _____
Line 3	Board Paid Annuity Amount	= \$ _____
Line 4	Other Board Paid Compensation Amount	= \$ _____
Line 5	Total 2016-2017 STRS Reportable Compensation	= \$ _____
BASA Dues = Line 5 _____ x.008		= \$ _____

**\*\* PLEASE MAKE PAYMENT BY SEPTEMBER 1, 2016**

**Associate Member \$450.00** = \$ \_\_\_\_\_  
 (Open to all educators and those working in related settings. Superintendents are not eligible for Associate Membership but please encourage your administrators to join.)

**Retired Member \$50.00** = \$ \_\_\_\_\_  
 (Open to all former Active Members no longer employed)

**Affiliate Member \$150.00** = \$ \_\_\_\_\_  
 (Open to all former Active Members now employed at a university or with a business working with educators)

### Enrollment for Affiliate Groups

**AASA Membership** 7/1/16 – 6/30/17 \$ 450.00 = \$ \_\_\_\_\_  
 **OALSS Membership** 8/1/16– 7/31/17 \$20.00 = \$ \_\_\_\_\_

TOTAL PAYMENT BEING SUBMITTED: = \$ \_\_\_\_\_  
**PLEASE COPY THIS FORM TO SERVE AS YOUR INVOICE**