

Buckeye Association of School Administrators Membership Enrollment Form 2017-2018

Submission Date

MEMBER INFORMATION

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

| | | | Administrative | e Assistant's Nam | ne (if applicabl | e) Administrative Ass | sistant's E-Mail Ac | ldress |
|--|---|--|---|------------------------|------------------|-----------------------|------------------------------|--------|
| Prefix (Dr., Mr. | , Mrs.) | First | Name | Middle Initial | | Last Name | | |
| Position | | l | County | 1 | | District/Organization | Name . | |
| Street Address | | | | | | City | I | Zip |
| Office Phone / | Extension | _ | Fax | - | | C | - Cell Phone | |
| E-Mail Address | 3 | | | | | | | |
| Home Infor | mation: | | | | 1 | | 1 | |
| Home Street A | ldress | | | | City/S | St | Zip | |
| Home Phone | | Home E-Mail | | | | | | |
| | | Sa | ALARYSUR | VEY INFOR | MATION | | | |
| Retired – Rehired □ Yes □ No Board Paid Bonus □ Yes □ No Maximum Bonus Amount \$ | | | | | | rsed | - - | |
| | | Membership | | MEMBERSH for August 1, | | 31, 2018 | | |
| Line 1 Line 2 Line 3 Line 4 Line 5 | Board Paid Ann Other Board Pa Total 2017-201 BASA Dues = L | rship Iry Amount S Pick Up % and Am | nount nount Compensation x.008 | | | % | = \$ = \$ = \$ = \$ | |
| (Open to all e | te Member \$ ducators and those ur administrators t | working in related sett | ings. Superinter | ndents are not el | ligible for Asso | ociate Membership bo | | |
| ☐ Retired Member \$50.00 (Open to all former Active Members no longer employed) | | | | | | | = \$ _ | |
| | e Member \$15 former Active Memb | 0.00 pers now employed at a | a university or w | rith a business w | orking with ed | ducators) | = \$ _ | |
| \square aasa N | • | Groups 7/1/17 – 6/30/18 8/1/17– 7/31/18 | \$ 450.00 \$20.00 | | | | | |