

We are ...

... the Ohio Association of Student Councils

And we are here

... to serve YOU!

Ohio Association of Student Councils Membership Form
"We Promote Excellence"

SCHOOL _____ COUNTY _____ ZIP _____
STREET ADDRESS _____ CITY _____
SCHOOL PHONE _____ EXTENSION _____
ADVISER'S NAME _____ E-MAIL _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____
E-MAIL IF DIFFERENT THAN SCHOOL _____
PRINCIPAL'S NAME _____

TYPE OF SCHOOL:
 HIGH SCHOOL
 MIDDLE LEVEL
 ELEMENTARY

Membership fee is \$50.00 for all schools
Make checks payable to: "Ohio Association of Student Councils"
If check can't be sent, please indicate P.O.#: _____
(We will bill you if your district requires such.)
Mail to: Ohio Association of Student Councils
John Namey, OASC Executive Director
201 - 44th Street NW
Canton, OH 44709

Office Use Only	
Date Rec.d _____	C
P.O.# _____	M
Ck.# _____	R
Your membership runs from today until the following October	

Thank You for viewing our website.
I hope you will consider membership in OASC.
If you have any questions, please contact ...
John Namey, the OASC Executive Director at ...

330-493-6358

oasc@neo.rr.com