Oregon School Activities Association
25200 SW Parkway Avenue, Suite 1, Wilsonville, OR 97070
503.682.6722 FAX 503.682.0960 http://www.osaa.org ***Scan to: applications@osaa.org***

Membership Application - Associate

Excerpt OSAA Handbook, Constitution, Article 3, Membership and Dues.

3.2. Associate Membership.
A private school, charter school or alternative school may be granted Associate membership if it meets the requirements of Article 3.1. other than Articles 3.1.4., 3.1.5. and 3.1.6. Associate member schools may not enter teams or individuals in OSAA events except as provided in Rule 8.5.1.(d).

Excerpt OSAA Handbook, Constitution, Article 3, Membership and Dues.

3.1.1. Subscribe to the Articles, Rules, Executive Board Policies, Executive Board Interpretations, Participation Limitations, Sports Seasons and Officials Fees (collectively, the Regulations) of the Association.
3.1.2. Pay general membership dues and participation fees annually as established by the Executive Board.
3.1.3. Offer a comprehensive curriculum, which meets Oregon graduation requirements.

See OSAA Handbook, Constitution, Article 3, "Membership and Dues" and Executive Board Policies, "Membership in the OSAA" for additional information.

Date of Application _____ **Membership Effective Date** _____

Name of School _____ Telephone Number / Fax Number _____ / _____

Street Address _____ City / Zip _____

Mailing Address if different from street address _____ Email Address _____

Administrator Name _____ Grades Enrolled _____ Date of Establishment of School _____

County _____ Website _____

Type of school: ☐ Private ☐ Alternative ☐ ***Public*** Charter

Accredited, if yes when and by whom: _____ Date _____ Accrediting Agency

Has school ever been a member of the Oregon School Activities Association? Yes ☐ No ☐

CURRENT ENROLLMENT: Grade 9: _____ Grade 10: _____ Grade 11: _____ Grade 12: _____ **Total:** _____

Fee Schedule (check one): ☐ $100 = 1-100 students ☐ $250 = 101-500 students ☐ $500 = 500+ students

Mail this form with your check to: Oregon School Activities Association, 25200 SW Parkway, Suite 1, Wilsonville, OR 97070

If you scan or fax this form - your school will be invoiced once your application has been received.

Administrator: _____ School District: _____
Signature

Approved by: _____ Date: _____
OSAA Executive Director

For OSAA Use Only

_____ / _____ / _____ Check # / Amount / Date

_____ / _____ Invoice # / Date

☐ Approval Letter / Signature
☐ Database Entry