



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](mailto: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.

<b>Date of Application</b>	<b>Membership Effective Date</b>
Name of School	Telephone Number / Fax Number
Street Address	City / Zip
Mailing Address if different from street address	Email Address
Administrator Name	Grades Enrolled
County	Date of Establishment of School
Type of school: <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Alternative <input type="checkbox"/> Other _____	Website
Accredited, if yes when and by whom: _____ Date	Accrediting Agency
Has school ever been a member of the Oregon School Activities Association? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>CURRENT ENROLLMENT:</b> Grade 9: _____ Grade 10: _____ Grade 11: _____ Grade 12: _____ <b>Total:</b> _____	
<b>Fee Schedule (check one):</b> <input type="checkbox"/> \$100 = 1-100 students <input type="checkbox"/> \$250 = 101-500 students <input type="checkbox"/> \$500 = 500+ students	
<b>Mail this form with your check to: Oregon School Activities Association, 25200 SW Parkway, Suite 1, Wilsonville, OR 97070</b>	
<b>If you scan or fax this form - your school will be invoiced once your application has been received.</b>	
Administrator: _____ <i>Signature</i>	School District: _____
Approved by: _____ OSAA Executive Director	Date: _____

### For OSAA Use Only

Check # / Amount / Date	Invoice # / Date	<input type="checkbox"/> Approval Letter / Signature
		<input type="checkbox"/> Database Entry