

oacsa

OUR MISSION

Promote sponsor excellence, effectiveness and efficiency to create and maintain high-quality community schools through quality oversight and support.

MEMBERSHIP APPLICATION

Date of Application _____

Name of Sponsoring Entity _____

IRN _____

Address _____

City _____ **Zip Code** _____

Phone _____ **Fax** _____

Contact _____

Email Address _____

Website _____

Type of Sponsor: District ESC 501c3 University Other

Year Approved to Sponsor in Ohio _____

of Schools sponsored that are Open _____

Membership Dues

Dues are required to be paid annually by August 1st. The OACSA Treasurer will submit an invoice to the address and contact listed on this application by June 15th for the upcoming membership year.

<u># of Sponsored Schools</u>	<u>Annual Membership Dues</u>
1 – 10	\$500.00
11 – 24	\$1,000.00
25 +	\$1,500.00

Please make checks payable to: Ohio Association of Charter School Authorizers

Mail Payment to:
Ohio Association of Charter School Authorizers
Patricia Hughes, Treasurer
3021 E. Dublin Granville Rd., Suite 200
Columbus, Ohio 43231

By signing this membership application, you acknowledge that you are an authorized representative of the sponsoring agency for which this application applies. By signing this application, the sponsoring agency and its employees agree to abide by the OACSA Mission, Vision, and guiding Principles. In addition, you agree to abide by all rules, regulations, laws, policies, and procedures as set forth in Ohio Revised Code and Ohio Administrative Code.

Printed Name

Date

Signature

Office Use Only		
Sponsorship Level Dues		
_____ \$500	_____ \$1,000	_____ \$1,500
Date Paid _____	Check Number _____	