

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: _____ **Title:** _____

Email Address: _____

Website: _____

Type of Sponsor: District ESC 501c3 University Other

Year Approved to Sponsor in Ohio: _____

of Schools sponsored that are Open as of July 1: _____

Membership Dues

Dues are required to be paid annually by July 1 with a grace period to end August 1st. Please submit this document and check 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	\$750.00
11 – 24	\$2,000.00
25 +	\$3,500.00

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

Mail Payment to:
Ohio Association of Charter School Authorizers
Peggy Young, 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 Federal Statute, Ohio Revised Code and Ohio Administrative Code pertaining to public charter schools.

Print Name

Signature

Date: _____

Office Use Only		
Sponsorship Level Dues		
_____ \$750	_____ \$2,000	_____ \$3,500
Date Paid _____	Check Number _____	