



A state affiliate of the National Afterschool Association

Membership Form

Name: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Cell phone: _____

Email address (**required**): _____

Name of School Age program you are affiliated with: _____

Address of program: _____

City, State, Zip: _____

Phone: _____ County: _____

Position Title: _____

Membership fees: \$70 per person, full member

Please make checks payable to:

**Ohio Afterschool Association
3426 Lyleburn Place
Cincinnati, Ohio 45220-1521**

Credit Card and Purchase Orders can be faxed to: 513-824-7813

For credit card purchases, circle one: MC Visa AmEx

Card number: _____

Expiration date: _____

For purchase orders:

PO# _____

Address to send invoice: _____

City: _____ State: _____ Zip: _____