

**Rhode Island Interscholastic  
Athletic Administrators Association  
2015-2016 MEMBERSHIP APPLICATION**

**1 of 2**

**PLEASE COMPLETE THE FOLLOWING AND SEND WITH A CHECK FOR  
MEMBERSHIP DUES plus Add On Fees MADE PAYABLE TO R.I.I.A.A.A.  
MAIL TO:**

**RIIAAA  
C/O Beth Penkala, CAA, Treasurer  
51 Almy Avenue  
Warren, RI 02885**

***Please note: Membership Expires August 8, 2015***

1. STATE and NATIONAL ASSOCIATIONS fee \$150 \_\_\_\_\_  
(required)
- Add On Fees:
2. BANQUET TICKET in advance \$ 30 \_\_\_\_\_  
(\$35 at time of event)
3. Advertisement for RIIAAA Awards choose one from
- |              |       |       |
|--------------|-------|-------|
| Full page    | \$130 | _____ |
| Half page    | \$ 90 | _____ |
| Quarter page | \$ 70 | _____ |
| Eighth page  | \$ 40 | _____ |
- Advertisement page size *New* \_\_\_\_\_, *Same* \_\_\_\_\_ as previous year \$ \_\_\_\_\_  
*TBD* \_\_\_\_\_
4. 2016 Golf Tee Sponsor \$ 75 \_\_\_\_\_

Name of School: \_\_\_\_\_

ADD ON FEE TOTAL: \$ \_\_\_\_\_

TOTAL ENCLOSED: \$ \_\_\_\_\_

**DO NOT MAIL IN YOUR DUES TO NATIONAL.** The RIIAAA Treasurer will mail in your dues.

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Type or Print Clearly

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(If applicable include RAA, CAA, CMAA)

HOME ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ / \_\_\_\_\_  
(If you have a school and home E-Mail address, please include both, listing your preferred address first)

SCHOOL: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
(Include extension number, if any)

ADDRESS: \_\_\_\_\_ SCHOOL FAX #: \_\_\_\_\_

Number of Years Completed as A.D.: \_\_\_\_\_ (Do Not Include 2015-2016 School Year)

Shirt Size: (please circle a gender and a size) Male Female S M L XL XXL XXXL

Vest/Jacket Size: (please circle a gender and a size) Male Female S M L XL XXL XXXL

PLEASE COMPLETE THE FOLLOWING FOR INSURANCE COVERAGE:

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(LAST 4 DIGITS ONLY)

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Non-Smoker: \_\_\_\_\_ Smoker: \_\_\_\_\_

Please Select One ( NIAAA Diversity Survey): Caucasian \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Latino \_\_\_\_\_

African Am. \_\_\_\_\_ Am. Indian \_\_\_\_\_ Multi-Cultural \_\_\_\_\_ Asian Alaskan Native \_\_\_\_\_ Other: \_\_\_\_\_