**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.**

Office use only

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PO #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rhode Island Interscholastic

Athletic Administrators Association

**2018-2019 MEMBERSHIP REGISTRATION**

**MAIL TO:**

 **RIIAAA**

 **C/O Beth Penkala, CAA, Treasurer**

 **51 Almy Avenue**

 **Warren, RI 02885**

#### *Please note: Membership Expires August 8, 2018*

####

#### STATE and NATIONAL ASSOCIATIONS dues $180\_\_\_\_\_\_\_\_\_\_

####  (required)

**Add On Fees:**

1. MSSADA/RIIAAA Conference, Hyannis, MA

Conference Fee $100\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $100**\_\_\_\_\_\_\_\_\_\_**

#### 4. 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\_\_\_\_\_*

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

5. Holiday Social $20/Person – Number attending\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_

6. 2019 Golf Tee Sponsor $75 $ \_\_\_\_\_\_\_\_\_\_\_

7. 2019 Golf Individual $125 per person $500 per foursome $ \_\_\_\_\_\_\_\_\_\_\_

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

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

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

Rhode Island Interscholastic

Athletic Administrators Association

2018-2019 MEMBERSHIP REGISTRATION

## 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 2018-2019 School Year)**

### Sweatshirt pullover Size: (please circle a gender and a size) Male Female S M L XL XXL 3XL 4XL

###

**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: \_\_\_\_\_**