

**Rhode Island Interscholastic
Athletic Administrators Association
2014-2015
MEMBERSHIP APPLICATION**

PLEASE COMPLETE THE FOLLOWING AND SEND WITH A CHECK FOR MEMBERSHIP DUES AND/OR AWARDS BANQUET TICKET AND/OR CONFERENCE FEE MADE PAYABLE TO R.I.I.A.A.A. IN THE AMOUNT OF \$150.00(DUES) / \$25.00(BANQUET TICKET) / \$ 75.00(CONFERENCE FEE). MAIL TO:

**RIIAAA
C/O Elaine E. Botelho, Treasurer
14 Stockton Drive
Middletown, RI 02842**

Please note: Membership Expires August 8, 2014 A single payment of \$250.00 pays for your membership in both the STATE and NATIONAL ASSOCIATIONS, a BANQUET TICKET and the CONFERENCE FEE. DO NOT MAIL IN YOUR DUES TO NATIONAL. Our State Association Treasurer will do that for you.

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 Served as A.D.: _____
(Do Not Include 2014-15 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

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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: _____