## Retired Superintendent Member Application

The information below is required to process your application.

Name:		
Address:		
Phone (Indicate Business/Cell/Home):		
Email Address:		
Former ESC:	From (Year): To (Year):	
Membership Fee: \$50.00 annually	Membership Year: Present – June 30, 20	16
Interests – check all that apply (optional):  ☐ Critical Issues/Legislative Platform ☐ Public Relations and Marketing  Please add me to the following email distrik ☐ Superintendent's Distribution List ☐ Conference and Event Notifications	<ul> <li>☐ Membership Engagement</li> <li>☐ Workshops and Conferences</li> <li>bution lists; check all that apply (optional)</li> <li>☐ Legislative e-Updates</li> <li>☐ No, thank you.</li> </ul>	):
Annual membership dues include	de the following member benefits:	
<ul> <li>★ Discounted Home &amp; Auto Insurance through Liberty Mutual!</li> <li>★ Discounted tuition rates for online masters and bachelor programs!</li> <li>★ A Health Benefits Discount Card through MiSolutions!</li> <li>★ Receive "Inside OESCA" each quarter!</li> <li>★ At-cost registration to OESCA conferences, workshops, and events!</li> <li>★ Check out www.oesca.org for more information!</li> </ul>		
Thank you for joining and for y	vour ongoing support of OESCA	

and Ohio's network of ESCs.

Please mail membership form and check or money order (payable to OESCA) to:

The Ohio Educational Service Center Association 8050 North High Street, Suite 150 Columbus, Ohio 43235 614.846.3855