## 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 – Dec 31, 2017	
Interests – check all that apply (optional):  Critical Issues/Legislative Platform Public Relations and Marketing		Engagement and Conferences	
Please add me to the following email distrib	oution lists; check a	all that apply (optional):	
☐ Superintendent's Distribution List	☐ Legislative e	Legislative e-Updates	
☐ Conference and Event Notifications	☐ No, thank yo	u.	
Annual membership dues inclu	de the following me	mber benefits:	
<ul> <li>★ Discounted Home &amp; Auto Insurance three</li> <li>★ Discounted tuition rates for online master</li> <li>★ A Health Benefits Discount Card throug</li> <li>★ Receive "Inside OESCA" each quarter!</li> <li>★ At-cost registration to OESCA conferen</li> <li>★ Check out www.oesca.org for more info</li> </ul>	ers and bachelor prog h MiSolutions! ces, workshops, and ormation!	events!	
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Thank you for joining and your ongoing support of OESCA and Ohio's innovative 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