



# OASNP

Ohio Association of Special Needs Professionals  
An affiliated department of the Ohio Education Association

## OHIO ASSOCIATION OF SPECIAL NEEDS PROFESSIONALS (OASNP) MEMBERSHIP APPLICATION (FORMERLY OADDP)

### APPLICANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

OEA ID#:  
(if available)

Phone:

Email:

### LOCAL INFORMATION

Local's Full Name (not acronym):

### SIGNATURE

Your signature will be utilized as your official authorization, to begin having the OASNP and its annual dues of \$9.00 added to your membership beginning with the next membership year and continuing thereafter.

Signature of applicant:

Date:

When completed please mail to:

Ohio Education Association,  
Attn: Bob Matkowski,  
P. O. Box 2550,  
Columbus, OH 43216-1500