

**Return to:
Ohio School Boards Association
8050 N. High St., Suite 100
Columbus, Ohio 43235-6482
(614) 540-4000 / (614) 540-3299**

**ORIGINAL
Return no later than:
September 10, 2018**

The _____ School District
Board of Education of _____ County hereby
appoints _____ as the delegate to
(name of delegate)

the 2018 OSBA Annual Business Meeting and in the event the delegate cannot serve,
_____ has been appointed as
(name of alternate)

alternate. The delegate and alternate were appointed at the meeting of the board of education on
_____.
(date)

SIGNATURES MUST BE ON ALL COPIES

TREASURER'S CERTIFICATION

Signature of delegate

Signature of treasurer

Home address (Please print this line)

School district

Signature of alternate

County

Home address (Please print this line)

District address

E-mail address

FOR OSBA OFFICE USE ONLY

Registration Fee: \$ _____ received _____ by _____

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TREASURER'S COPY
RETAIN FOR YOUR
RECORDS

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