



Membership Application

KY Athletic Administrators' Association

Membership: \$200.00/person

_____ New Membership _____ Renewal of Membership

NIAAA Membership Number: _____ Years as an Athletic Administrator: _____

Position: _____ District AA _____ High School AA _____ Assistant High School AA
_____ Middle School AA _____ Other: _____

First Name: _____ MI _____ Last Name: _____

Title: _____
Phd, NIAAA Certification, etc.

SCHOOL INFORMATION

School or Organization: _____ Basketball Region #: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Work Telephone Number: _____

E-Mail: _____

Preferred Mailing Address: _____ Home _____ School/Organization

HOME INFORMATION

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____

Cell Telephone Number: _____

THE FOLLOWING INFORMATION MUST BE PROVIDED FOR INSURANCE PURPOSES

Social Security Number: _____ Date of Birth: _____ Gender: _____

Completed Membership Form and Payment should be mailed to:
Mitchell Irvin, KAAA Membership, 6614 Ashbrooke Drive, Pee wee Valley, KY 40056