

**MASSACHUSETTS SECONDARY SCHOOLS
ATHLETIC DIRECTORS ASSOCIATION
(MSSADA)**

6 Weston Ave.
Georgetown, MA 01833

MEMBERSHIP INVOICE – 2017 - 18

Please use this form as your invoice. Purchase Orders only serve as intent to pay. Membership benefits will not available until payment is received.

Membership Dues: \$250.00 per individual.

Athletic Director: _____

NIAAA Professional Designation: (Circle if achieved)

RAA CAA CMAA

Other (Asst., Faculty Manager, etc...): _____

School: _____

MIAA District (A, B, C, D, E, F, G, or H): _____

MSSADA Tax ID # 04-3164324

Please make check payable to: MSSADA – and send to:

MSSADA

c/o Treasurer, John Lynch

6 Weston Ave

Georgetown, MA 01833

MSSADA Membership Document Process

Your dues payment provides membership benefits to both MSSADA and the NIAAA .

Please complete all information so that membership cycles do not lapse.

1. When paying by personal check, please forward the:
 - a. Invoice with that check – page 1
 - b. A Completed Personal Information Form (PIF) – page 3
2. If you are sending a school check please do the following:
 - a. Make sure that the invoice is sent with the check.
 - b. Make sure you send the PIF directly to the treasurer and do not wait for the school check to be sent.
 - c. Both items must be in the MSSADA treasurer's possession before membership can be completed.

The PIF will be used to send data to the NIAAA.

The MSSADA Treasurer will forward all of the NIAAA information for you as it arrives, so there is no need to re-register yourself on the NIAAA web-site. This can only be done when the PIF is complete.

Your NIAAA Insurance Coverage begins the DAY we received your check.

If you have any questions please email or call MSSADA

Executive Director/Treasurer, John Lynch:

jlynch@essextech.net or 978-808-1450

MSSADA
PERSONAL INFORMATION FORM (PIF)

Name: _____

Renewal: _____ No change from last year _____

If you are renewing and there is no change from last year you do not have to fill out the rest of the form. If you are a new member or if your information has changed, (changed schools, new address, etc.) please fill out all the information requested below.

New NIAAA Member: _____ - or - Other information changed: _____

School Name: _____

School Address: _____

City: _____ Zip code: _____ MIAA District: _____

School Phone: _____ FAX: _____

Email address: (print legibly) _____

NIAAA Designation: (Circle if achieved) RAA CAA CMAA

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Preferred NIAAA Mailing Address: Home ____ or School ____

Birth date: (for NIAAA Insurance) _____ - _____ - _____

MM DD YYYY

Please send both forms together to:
MSSADA, C/O Treasurer – John Lynch
6 Weston Ave, Georgetown, MA 01833