

OSU Varsity O Women Membership Application

**Web-generated application. Please print out forms and send in to address below.
You must complete both the application and the certification of compliance in order to become a member.
Thank you!**

New Member

Renewal

PLEASE PRINT

Name:

First

Middle

(Maiden)

Last

Address:

Street

City

State

Zip

Phone: Day () _____

Evening () _____

FAX () _____

email _____

Profession: _____ **Employer:** _____

Participation: Sport _____ Years: _____ - _____

Teammate _____

Coach _____

Sport _____ Years: _____ - _____

Teammate _____

Coach _____

Have you attended any of our functions? Yes No

If yes, please specify: _____

Interested in becoming a committee member? Yes No

Please give us names and addresses of your teammates (or other former OSU women athletes) who should be members of this organization.

Member Certification of Compliance

Date: _____ Organization: OSU Varsity O Women

As a condition of membership in this organization, I certify and agree to the following:

1. I have not offered or provided a prospective student-athlete, or an enrolled student-athlete, an improper inducement or extra benefit, and I have not engaged in any other violations of NCAA, Big 10, or University rules and policies applicable to Ohio State's intercollegiate athletic program.
2. I am not currently aware of any violations of NCAA, Big 10, or University rules and policies applicable to Ohio State's intercollegiate athletic program.
3. I will abide by all NCAA, Big 10, and University rules and policies applicable to Ohio State's intercollegiate athletic program, and will report to the Director of Athletics or his/her designee, and to the Assistant Athletic Director for Compliance Services, any violations of those rules and policies of which I become aware.
4. I will not participate in any organized gambling activity involving intercollegiate athletics in violation of NCAA, Big 10, and University rules and policies and/or applicable law.
5. I understand that if I engage in conduct that is determined to be a violation of NCAA, Big 10, or University rules and policies applicable to Ohio State's intercollegiate athletic program, both this organization and The Ohio State University may withhold any benefits or privileges relating to Ohio State's intercollegiate athletic program to which I may otherwise be entitled.

Signature of Member

Full Name of Member (Print or Type)

Enclosed is a check for my 2007-2008 membership in the amount of \$40 **payable to:**

OSU Varsity O Women

Enclosed is a contribution to the Phyllis J Bailey Endowment Fund **made payable to:**

The Ohio State University

(attn: Fund #600265 or Phyllis Bailey Endowment)

Total Enclosed _____

Return this form along with your check(s) to:

OSU Varsity O Women

C/O Tammy Savage
210 St. John Arena
410 Woody Hayes Drive
Columbus, OH 43210
phone: (614) 688-3707