

ORGANIZATIONAL MEMBERSHIP APPLICATION



110 A Northwoods Boulevard
Columbus, Ohio 43235
P: 614-635-0207
F: 614-781-9558
ohiopa@gmail.com
www.ohiopa.org

Please Print: Enclose your dues payment when mailing application.
Make checks payable to OPHA.
Please consider a tax-deductible donation.

AGENCY NAME _____

CONTACT PERSON _____

POSITION _____

ADDRESS _____

CITY _____

COUNTY _____

STATE _____

ZIP CODE _____

AGENCY PHONE # _____

CONTACT PERSON'S EMAIL _____

How many full-time equivalent (FTE) employees does your agency have? _____

Please select a membership category:

- 0-99 employees \$ 100.00/year
- 100-499 employees \$ 250.00/year
- 500-999 employees \$ 500.00/year

Please consider a tax-deductible donation.

MEMBERSHIP DUES \$ _____

TAX-DEDUCTIBLE GIFT \$ _____

TOTAL ENCLOSED \$ _____

Please make checks payable to OPHA.

Mail application and payment to:

OPHA

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