

# ORGANIZATIONAL MEMBERSHIP APPLICATION



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Columbus, Ohio 43235  
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**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 \$ 200.00/year
- 100-499 employees \$ 500.00/year
- 500-999 employees \$ 1,000.00/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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