



Membership Application - Organization

Organization _____

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____ County _____

Phone (_____) _____ Fax (_____) _____

Email Address _____

Annual Membership Level (According to your organization's annual budget):

- \$50 (up to \$100K)
- \$75 (\$100K-250K)
- \$125 (\$250K-500K)
- \$200 (Budget \$500K-\$1M)
- \$250 (Budget \$1M-\$1.5M)
- \$300 (Budget over \$1.5M)

Please send your tax-deductible check payable to:

COHHIO
175 S. Third St., Suite 580
Columbus, OH 43215

If you need an invoice, please contact Marcus at: 614-280-1984 x.111 or email: marcusroth@cohhio.org

Thank you for your critical support!