



COHHIO Membership - Individual

Name _____ Title _____

Address _____

City _____ State _____ Zip _____ County _____

Phone (_____) _____ Fax (_____) _____

Email Address _____

Annual Membership Levels:

- \$35 (Regular)
- \$75 (Advocate)
- \$150 (Benefactor)
- \$250 (Sustainer)

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!