



## 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):

- \$75 (Budget up to \$250K)
- \$200 (\$250K-\$1M)
- \$300 (\$1M-\$2M)
- \$400 (\$2M-\$5M)
- \$500 (\$5M-\$10M)
- \$650 (Over \$10M)

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](mailto:marcusroth@cohhio.org)*

Thank you for your critical support!