



P.O. Box 16305
Columbus, Ohio 43216
Email: trustees@oceoa.org
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MEMBERSHIP APPLICATION

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ Email: _____

Jurisdiction/Employer Name: _____

Registration type: New Individual Membership - \$35 Renewal Individual Membership - \$25
 Agency Membership - \$250

Please make checks payable to **OCEOA**.