|  |  |  |  |
| --- | --- | --- | --- |
| ***Organization:*** |  |  |  |
| ***Street:*** |  | ***City/State/Zip:*** |  |
| ***CEO Name:*** |  | ***CEO Title:*** |  |
| ***Phone:*** |  | ***Fax:*** |  |
| ***Email:*** |  |  |  |
| ***Website:*** |  |  |  |
| ***Full Time Equivalent Staff***  ***(FTEs):*** |  |  |  |
| ***Counties Served:*** |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Primary services which your organization provides:**

|  |
| --- |
|  |

**How you heard about the Ohio Council:**

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|  |

**DUES INFORMATION**

Dues are based on a percentage of your total organizational budget, regardless of funding sources.

**\*Do not send dues with this application – you will be invoiced when your membership is approved**

|  |  |
| --- | --- |
| ***Dues Calculation Formula:*** | **Total Organization FY Budget (Current) X 0.00238 = Dues**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X 0.00238 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***The Council will prorate dues to the nearest quarter of your membership effective date*** |

|  |  |
| --- | --- |
| **Please Check One:** | **Dues Amount:** |
| * **Minimum Dues** (if calculated amount is < $670) | **$670** |
| **MAXIMUM DUES** (Tiered by Budget Size) |  |
| * Budget = $2,700,000 - $8,000,000 | **$6,551** |
| * Budget = $8,000,001 - $12,000,000 | **$7,643** |
| * Budget = $12,000,001 - $20,000,000 | **$9,280** |
| * Budget = $20,000,001 - $30,000,000 | **$13,905** |
| * Budget = $30,000,001 - $100,000,000 | **$15,450** |

**Please Select a Payment Plan:**

|  |
| --- |
| * **Single Payment –** Total dues will be paid when membership is approved * **Two Payments –** Dues will be paid in two equal payments. Does not apply if you join within the last quarter of the current fiscal year * **Quarterly –** Dues will be paid in quarterly installments. Applies only if you join within the first quarter of the current fiscal year |

**Sponsored or Endorsed Products & Services**

Please visit [www.TheOhioCouncil.org](http://www.TheOhioCouncil.org) for a list of products and services available to Ohio Council members.

A representative for each product and service will be contacting you after your application is approved.

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*Authorized Signature Who should we contact concerning information on this form?*