

# MEMBERSHIP APPLICATION: DEPARTMENT - OFFICE - PROGRAM

FOR THE MEMBERSHIP YEAR: 10/1/2023 - 9/30/2024



Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

CEO Name: \_\_\_\_\_ CEO Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Organization Total Annual Gross Revenue/Budget (current): \_\_\_\_\_

Full Time Equivalent Staff (FTEs): \_\_\_\_\_

Counties Served: \_\_\_\_\_

Primary services which your organization provides:

\_\_\_\_\_

How did you hear about the Ohio Council?

\_\_\_\_\_

**DUES INFORMATION:** Dues are based on a percentage of your total annual gross revenue.

*\*DO NOT send dues with this application - you will be invoiced when your membership is approved.*

*\*The Ohio Council will prorate dues to the nearest quarter of your membership effective date.*

2024 Membership Tiers (Total Annual Gross Revenue) Please Select One	Dues Amount:
<input type="checkbox"/> Tier 1: Minimum Dues: If annual gross revenue is = <\$282,142	\$711
<input type="checkbox"/> Tier 2: Calculated Dues: If annual gross revenue is \$282,143 - \$2,700,000 <i>*Enter Total Annual Gross Revenue (Current) x 0.00252 = Dues</i> <i>*Tier 2 is the ONLY tier to use the above calculation.</i>	Enter \$___
<input type="checkbox"/> Tier 3: Budget = \$2,700,001 - \$8,000,000	\$6,950
<input type="checkbox"/> Tier 4: Budget = \$8,000,001 - \$12,000,000	\$8,108
<input type="checkbox"/> Tier 5: Budget = \$12,000,001 - \$20,000,000	\$9,845
<input type="checkbox"/> Tier 6: Budget = \$20,000,001 - \$30,000,000	\$14,752
<input type="checkbox"/> Tier 7: Budget = \$30,000,001 - \$100,000,000	\$16,391

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. Initial payment is due when membership is approved. Payments are scheduled 10/1/2023 & 4/1/2024.

**Quarterly** - Dues will be paid in quarterly installments: 10/1/2023; 1/1/2024; 4/1/2024; 7/1/2024. Initial payment is due when membership is approved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Who should we contact concerning information on this form? \_\_\_\_\_

**SEND COMPLETED FORMS TO CORNETT@THEOHIOCOUNCIL.ORG**