

# APPLICATION FOR AFFILIATE MEMBERSHIP

FOR THE MEMBERSHIP YEAR: 10/1/2022 – 9/30/2023



<b>Company:</b>				
<b>Street:</b>		<b>City/State/Zip:</b>		
<b>Phone:</b>		<b>Fax:</b>		<b>Email:</b>
<b>Website:</b>				

**Company Representative**—this person will be listed as the main contact in the directory and will receive all email notices:

<b>Name:</b>		<b>Title:</b>	
<b>Phone:</b>		<b>Email:</b>	

**Description of Company Product/ Service**—please limit to 150 words or less:

**Affiliate Membership in the Ohio Council is \$2,000 per annual membership year, 10/1/2022 – 9/30/2023**

<b>Please indicate your method of payment:</b>	<input type="checkbox"/> Check Enclosed <input type="checkbox"/> Send Invoice <b>*Credit cards are not accepted</b>
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Please complete this application and return to:

**The Ohio Council of Behavioral Health & Family Services Providers**  
**17 S. High Street – Suite 799 – Columbus, Ohio 43215**  
**OR send to [whiteside@theohiocouncil.org](mailto:whiteside@theohiocouncil.org)**

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date

**Please Print:**

<b>Name:</b>	
<b>Title:</b>	
<b>Company:</b>	
<b>Phone:</b>	
<b>Email:</b>	

For questions, please contact Brenna Whiteside at [whiteside@theohiocouncil.org](mailto:whiteside@theohiocouncil.org).