



Partner Registration Form

Name of Organization/Agency: _____

Address: _____

Contact Person:

- Name: _____
- Position: _____
- Phone: _____ mobile _____ office _____ home
- Email: _____

Best way to contact you (check one):

- Email: _____
- Text: _____

Partner Fees:

Non-Profit ___\$100/yr. Profit ___ \$500/yr.

Includes logo on OHLP website and all mailings, one individual membership, one consultation service, and discounts to all events.

Make check payable to Ohio Health Literacy Partners (OHLP) and send to:

Kathleen Orellana, Treasurer, OHLP
5840 Red Rock Ct.
Seven Hills, Ohio 44131

Please indicate if you wish to make an additional contribution to support OHLP:

\$200 ___ \$150 ___ \$100 ___ Other (list amount) _____

FOR OFFICE USE ONLY

Date Received _____

Amount Received _____

Check# _____

New Partnership _____

Renewal Partnership _____