



## Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ mobile \_\_\_\_\_ office \_\_\_\_\_ home

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

Background Information (optional):

- Credentials/Specialty: \_\_\_\_\_
- Title: \_\_\_\_\_
- Place of employment: \_\_\_\_\_
- Area(s) of interest: \_\_\_\_\_

Best way to contact you (check one):

- Email: \_\_\_\_\_
- Text: \_\_\_\_\_

**Membership Dues:** \$25/yr.

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

Angela Surace, Treasurer, OHLP  
836 Stinson Court  
Columbus, Ohio 43214-2950

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

- \$200 \_\_\_\_\_ \$150 \_\_\_\_\_ \$100 \_\_\_\_\_ Other (list amount) \_\_\_\_\_

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- Date Received \_\_\_\_\_
  - New Membership \_\_\_\_\_
  - FOR OFFICE USE ONLY
  - Amount Received \_\_\_\_\_
  - Renewal Membership \_\_\_\_\_
  - Check# \_\_\_\_\_