



## 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 ≤ 50 employees \_\_\$50/yr. Non-Profit > 51 employees \_\_\$100/yr.

Profit \_\_\$500/yr.

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

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) \_\_\_\_\_

---

### FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Amount Received \_\_\_\_\_

Check# \_\_\_\_\_

New Partnership \_\_\_\_\_

Renewal Partnership \_\_\_\_\_