



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:

Kathleen Orellana, Treasurer, OHLP
6225 S Park Blvd.
Parma, Ohio 44134

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 _____