



# Allied Membership Application

*Those that provide products, support, & services to the industry*

## Organization Information

Company Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

Description:

## Point of Contact

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Billing Address (if different from Company address):

\_\_\_\_\_

## Additional Contacts

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Please return completed applications to Director of Membership, Lauren Stazen, at [lauren@ohla.org](mailto:lauren@ohla.org). We will begin the review process for your membership. All new members must be approved by the OHLA Board before membership is finalized. If you have any questions please contact OHLA at 614-461-6462.

### FOR OFFICE USE ONLY:

One on one scheduled: \_\_\_\_\_ Date Payment Received: \_\_\_\_\_ New Member Kit: \_\_\_\_\_ SM Shoutout: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Input in System: \_\_\_\_\_ Ambassador Assigned: \_\_\_\_\_ Letter: \_\_\_\_\_