



Allied Membership Application

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

Organization Information

Company Name: _____ County: _____

Address: _____ City, State, Zip: _____

Website: _____ Phone: _____

Description of goods and/or services:

Is your organization classified as a Minority Business Enterprise (MBE)? ____ Yes ____ No

Learn more about eligibility for the MBE Certification Program by [clicking here](#).

Point of Contact

Contact Name: _____ Phone: _____

Title: _____ Mobile: _____

Email: _____

Billing Address (if different from Company Address):

Additional Contacts

Contact Name: _____ Email: _____

Title: _____ Mobile: _____

Contact Name: _____ Email: _____

Title: _____ Mobile: _____

Bureau of Workers' Compensation Policy Number: _____

I would like a complimentary, non-commitment quote for OHLA's Group Rating program powered by Sedgwick.

Please return completed applications to Director of Membership, Sara Tennyson-Harlan sara@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:

Date Application Received: ____ Provisional Approval: ____ SG: ____

Date Invoice Sent: ____ Date Payment Received: ____ Credentials + Onboarding: ____ SM Shoutout: ____