



# OHIO CITY

INCORPORATED

est 1836

## Individual Membership Registration

Individuals must submit this form if:

- This is your first time registering as a member of OCI (New Membership)
- You are currently a member of OCI, and transferring your membership information to the new system (Existing Membership)

### Membership Status

(check only one)

- New Membership
- Existing Membership

### Membership Type

(check only one)

- Resident Member
- Associate Member

All individual members must be 18 or older, and fit into one of the classifications below.

#### Resident Member

an individual member who lives in the boundaries of Ohio City (eligible to vote)

#### Associate Member

an individual member who does not live within the boundaries of Ohio City (not eligible to vote)

### Are you Interested in Volunteering with OCI?

- Yes
- Not at this time, but maybe in the future
- No

### Member Information

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

First Middle Last

Birthdate \_\_\_\_\_

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

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

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

Street

Apt #

City

State

Zip

Mailing Address (if different)

City

State

Zip

Signature

Date

### Preferred Contact Method

- Mail
- Email
- Telephone

### Membership Donation

Membership is free, and donations are not required. All Donations are 100% tax deductible.

Checks payable to: Ohio City Incorporated

Payment by phone: (216) 781-3222 x100

Payment online: [ohiocity.org/support](http://ohiocity.org/support)

- \$50       Other Amount: \_\_\_\_\_
- \$100      \$ \_\_\_\_\_
- \$250       I'm not able to give at this time.
- \$500

### Completed forms can be returned via Email, Mail, or Fax

#### Email

[lraber@ohiocity.org](mailto:lraber@ohiocity.org)

#### Mail

ATTN Lisa Raber  
Ohio City Incorporated  
3308 Lorain Avenue  
Cleveland, OH 44113

#### Fax

(216) 781-3252

For Office Use Only

Revd:

Entered:

Ltr Sent:

Method:

Ck Date:

Chk#:

Amt:

Ref#:



# Individual Membership Census

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OCI is committed to ensuring that we support all residents of Ohio City and our membership to the best of our abilities. This includes a commitment to equity and inclusion across the board. In order to fulfill that commitment, we must understand the diversity of our membership and those we serve.

For that reason, OCI asks that all members provide the following demographic information as part of our Membership Census. The information will only be used in a summarized manner for grant reporting and to ensure that OCI is

fully serving the community. **It will never be shared in any way and it has no bearing on membership status.**

All of the below information is completely optional and we understand that the requested information may be sensitive to some individuals so if you do not feel comfortable providing this information, simply select the "Prefer not to say" option.

## Please select your race/ethnicity below (Select all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native          | <input type="checkbox"/> Asian             | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific           | <input type="checkbox"/> White             | <input type="checkbox"/> Some Other Race           |
| <input type="checkbox"/> Hispanic, Latino/a/x, or of Spanish Origin | <input type="checkbox"/> Prefer not to say |  |

## Select all of the options that describe you (Select all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> I am currently renting                                       | <input type="checkbox"/> I own the home I live in.                       | <input type="checkbox"/> I do not live in Ohio City |
| <input type="checkbox"/> I own property in Ohio City (other than the home I live in). | <input type="checkbox"/> I own other homes in Ohio City that I rent out. | <input type="checkbox"/> Prefer not to say          |

## What is the highest level of education you have earned?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Did not complete high school | <input type="checkbox"/> High School Diploma or | <input type="checkbox"/> Vocational Training |
| <input type="checkbox"/> Associate's Degree           | <input type="checkbox"/> Bachelor's Degree      | <input type="checkbox"/> Master's Degree     |
| <input type="checkbox"/> Professional Degree          | <input type="checkbox"/> Doctorate              | <input type="checkbox"/> Prefer not to say   |

## Please select your current employment status (Select all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Unemployed—Looking for work   | <input type="checkbox"/> Unemployed—Not looking for work | <input type="checkbox"/> Student              |
| <input type="checkbox"/> Seasonal/Temporary Employment | <input type="checkbox"/> Unable to work                  | <input type="checkbox"/> Part-time Employment |
| <input type="checkbox"/> Self-employed/freelance       | <input type="checkbox"/> Full time employment            | <input type="checkbox"/> Military             |
| <input type="checkbox"/> Retired                       | <input type="checkbox"/> Prefer not to say               |   |

What industry or field do/did you primarily work in?

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## Please share your household's total annual income:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$20,001—\$40,000  | <input type="checkbox"/> \$40,001—\$60,000   |
| <input type="checkbox"/> \$60,001—\$80,000  | <input type="checkbox"/> \$80,001—\$100,000 | <input type="checkbox"/> More than \$100,000 |
| <input type="checkbox"/> Prefer not to say  |   |  |