



OHIO CITY INCORPORATED MEMBERSHIP FORM

BECOMING A MEMBER:

Become a member of Ohio City Incorporated. Membership is a great way to show support for your community and qualifies individuals to vote on leadership, governance and community issues.

To be eligible for membership, you must be:

- At least 18 years of age or older
- A resident of Ohio City **OR** representative of an Ohio City business or institution

Please submit one form for each individual. A resident member who also qualifies as a business or institution member shall be entitled to one vote as a resident member and one vote as a business/institution member. Therefore no one person shall be entitled to more than two votes.

Associate memberships are available for those who are ineligible for resident, business, or institution memberships. Associate members are non-voting members.

The Ohio City Incorporated Annual Meeting will take place on **March 20th, 2018 at 5:30pm at Urban Community School, 4909 Lorain Avenue.**

SUBMITTING A MEMBERSHIP FORM:

Individuals must submit a membership form if:

- This is your first time registering as a member of Ohio City Incorporated
- You were previously a member, but your membership expired prior to **March 26th, 2014.**

Forms can be submitted electronically at **ohiocity.org/membership** or submitted via mail, fax, or e-mail to:

ATTN. Carrie Miller
Ohio City Incorporated
2525 Market Avenue, Suite A
Cleveland, OH 44113

EMAIL: cmiller@ohiocity.org
FAX: (216) 781-3252

*To be eligible to vote at the 2016 Annual elections, a completed form must be returned by **4/01/2018***

To confirm the status of your membership contact Carrie Miller at cmiller@ohiocity.org - (216) 781-3222 x106



OHIO CITY INCORPORATED MEMBERSHIP FORM

MEMBERSHIP STATUS *check only one:*

- New membership
 Renewal membership

MEMBERSHIP TYPE

- Resident member
 Business member
 Institution member
 Associate member

MEMBERSHIP DONATION

donations are not required

donations are 100% tax deductible

- \$1,000 Other Amount: _____
 \$500 I am unable to support
 \$250 Ohio City Inc. at this time
 \$100 I would like volunteer

CHECKS PAYABLE TO: Ohio City Incorporated

PAYMENT BY PHONE: (216) 781-3222 x100

PAYMENT ONLINE: ohiocity.org/support

RETURN COMPLETED FORM VIA MAIL, FAX OR E-MAIL TO:

ATTN. Carrie Miller
Ohio City Incorporated
2525 Market Avenue, Suite A
Cleveland, OH 44113

EMAIL: cmiller@ohiocity.org

FAX: (216) 781-3252

RESIDENT/ASSOCIATE MEMBER INFORMATION:

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

(we do not share your phone or e-mail)

Signature _____

Date _____

BUSINESS/INSTITUTION MEMBER INFORMATION:

Business/Org: _____

Representative Name: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Mailing Address *(if different)*: _____

City: _____ State: _____ Zip: _____

Email: _____

(we do not share your phone or e-mail)

Representative Signature _____

Date _____

Business Owner Signature _____

Date _____

(if different from above)

FOR OFFICE USE ONLY:

Revd:

Ck Ph O Cash

Entered:

Ck#:

Amt:

Ltr Sent:

Ck Date:

Ref#: