Business/Institution Membership Registration

Business and Nonprofits are able to become Members of Ohio City Incorporated. All Business and Institution members are required to appoint a Main Point of Contact who will be the person contacted for membership related items. For voting members the main point of contact is the person authorized to vote on behalf of the business or nonprofit. When filling out this form, please make sure to provide all of the information for the Main Point of Contact, as well as the street address for the business or nonprofit. The street address will be used to determine if the member is within the boundaries of Ohio City.

This form must be used by Businesses/Nonprofits if:
- This is their first time registering as a member of OCI (New Membership)
- They are currently a member of OCI, and transferring their membership information to the new system (Existing Membership)

The membership categories for Businesses and Nonprofits are:
- **Business Member**—This is for businesses that are physically located within the boundaries of Ohio City. (eligible to vote)
- **Institution Member**—This is for nonprofit organizations that are physically located within the boundaries of Ohio City. (eligible to vote)
- **Associate Member**—This membership level is for nonprofit organizations or businesses that are not physically located within the Ohio City Neighborhood. This membership level is not eligible to vote.

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

Please be sure to fill out both pages of this form.

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<thead>
<tr>
<th>Completed forms can be returned via Email, Mail, or Fax</th>
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<tbody>
<tr>
<td><strong>Email</strong></td>
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<tr>
<td><a href="mailto:lraber@ohiocity.org">lraber@ohiocity.org</a></td>
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<th>Membership Status (check only one)</th>
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<tr>
<td>□ New Membership</td>
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<tr>
<td>□ Business Member</td>
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<td>□ Associate Member</td>
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<table>
<thead>
<tr>
<th>Business or Institution Information</th>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Street Address:</td>
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<tr>
<td>Street</td>
</tr>
<tr>
<td>Suite</td>
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<td>City</td>
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<td>State</td>
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<tr>
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Main Point of Contact Information

Name:

First    Middle    Last

Contact Info:

Mailing Address

City    State    Zip

Email    Phone Number

Point of Contact Signature    Date

Business Owner Signature (if different)    Date

Is your business or organization interested in volunteering with OCI?

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

Is your business a Woman or Minority Owned Business?

☐ Yes—Woman Owned Business
☐ Yes—Minority Owned Business
☐ No

What Type of Business or Nonprofit are you? (Select all that apply)

Businesses

☐ Food and Beverage
☐ Retail
☐ Service
☐ Office
☐ Other

Nonprofits

☐ Direct Service Provider
☐ Advocacy Organization
☐ Religious Organization
☐ Educational Organization
☐ Other

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

☐ $50 ☐ Other Amount: $

☐ $100 ☐ $250

☐ $250 ☐ $500

I’m not able to give at this time.

For Office Use Only

Revd:    Ltr Sent:    Ck Date:    Amt:

Entered:    Method:    Chk#:    Ref#: 