

# OHIO EDUCATION POLICY INSTITUTE

## 2024 MEMBERSHIP FORM

Please type or print clearly.

### ORGANIZATION INFORMATION

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

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

\_\_\_\_\_

\_\_\_\_\_

### CONTACT INFORMATION

Please provide the name of the superintendent or treasurer only.

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

Treasurer

Superintendent

Local Government  Other

Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

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

### MEMBERSHIP LEVEL

Please check one:

- |                          |                     |                   |             |
|--------------------------|---------------------|-------------------|-------------|
| <input type="checkbox"/> | Category I          | Under 1,000 ADM   | \$ 500.00   |
| <input type="checkbox"/> | Category II         | 1,000 – 3,000 ADM | \$ 1,000.00 |
| <input type="checkbox"/> | Category III        | Over 3,000 ADM    | \$ 1,500.00 |
| <input type="checkbox"/> | ESCs                |                   | \$ 500.00   |
| <input type="checkbox"/> | Career Tech Centers |                   | \$ 1,000.00 |

### PAYMENT

Send membership form and payment to: OEPI, c/o OSBA, 8050 N. High St., Suite 100, Columbus, OH 43235