

OHIO EDUCATION POLICY INSTITUTE

2025 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