

AFFILIATE MEMBERSHIP APPLICATION



Name: _____

Agency (If applicable): _____

Billing Address: _____

Email Address: _____ Phone: _____

Website (If applicable): _____

Annual Operating Budget (to establish annual membership dues): _____

What is the purpose of your organization? _____

Why are you interested in becoming an Affiliate Member? _____

Ohio Association of County Boards
Serving People with Developmental Disabilities

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