



Affiliate Membership Program

2018 Enrollment Information

Become an Affiliate Member today!

Representing the board members, staff, and service recipients of Ohio's 88 County Boards of Developmental Disabilities, the Ohio Association of County Boards – Serving People with Developmental Disabilities (OACB) is Ohio's premier trade association for DD professionals. Established in 1984, OACB has grown over the past quarter-century into a multi-faceted organization dedicated to government advocacy, public relations, continuing education, professional training, and technical assistance for Ohio's county board of DD system.

OACB is a driving force for dynamic and effective service delivery in Ohio's county board of DD system for people with developmental disabilities. Our goal is to improve the lives of people with developmental disabilities while maintaining Ohio's status as a national leader in the field. Do you want to help us accomplish this vision? **Become an Affiliate Member or renew today!**

OACB Member Benefits

Government Advocacy

OACB members have access to decision-makers and elected officials at the local, county, state, and federal level via in-house government affairs staff, contract lobbying firms, and outside legal counsel. Ongoing working relationships with top-ranking policymakers are key to successfully delivering services to people with disabilities. With OACB, members can rest assured that these doors are always open to their concerns.

Public Relations

OACB members benefit from experienced in-house staff and trusted consulting firms who know how to navigate the rocky terrain of public opinion and the news media. Whether it's strategic planning help on local levy campaigns, crisis communications support, or simply valuable and informative insight into the issues affecting Ohio's DD community from OACB print and electronic publications, members can tap a wealth of knowledge to maintain their strong reputation in local communities at a moment's notice.

Professional Training

OACB members receive in-person professional training from the most respected leaders in the field of developmental disability services at the state and national level via two annual statewide events. At the Spring Conference in May and the Annual Convention in December, members have the opportunity to develop their skills, learn about new vendor products and services, and foster meaningful professional relationships with colleagues at county boards across the state.

Technical Assistance

OACB members often require expert technical support on various operational issues at County Boards of DD. Association staff members frequently answer complex questions about Medicaid billing, program design and evaluation, community integration, board governance, HR/personnel matters, and general management issues to guarantee that members are able to do the best job they can on behalf of the people and communities they serve.

See next page for the Membership Dues and Benefits Package.

For more information, visit www.oacbdd.org/affiliates or contact Adam Herman at (614) 431-0616.



Affiliate Membership Program

2018 Member Benefits Package

Affiliate Membership Dues and Member Discount Benefits

	Non-Member	Bronze Affiliate	Silver Affiliate	Gold Affiliate
Annual Affiliate Member Dues	N/A	\$1,000	\$2,000	\$5,000
Conference and Convention Registration (per person)		(32% discount)	(32% discount)	(32% discount)
- One-day attendance	\$245	\$167	\$167	\$167
- Two-day attendance	\$405	\$275	\$275	\$275
- Three-day attendance	\$505	\$343	\$343	\$343
Event Vendor Tables		(10% discount)	(20% discount)	
- One-day attendance	\$400	\$360	\$320	Free
- Two-day attendance	\$650	\$585	\$520	Free
- Three-day attendance	\$850	\$765	\$680	Free
Event Program Ads*		(10% discount)	(20% discount)	
- Full page ad	\$500	\$450	\$400	Free
- Half-page ad	\$250	\$225	\$200	Free
- Quarter-page ad	\$175	\$155	\$140	Free
- Third-page ad	\$150	\$135	\$120	Free

* Published at the Spring Conference and Annual Convention (2 total programs).

Additional Benefits & Services				
OACB <i>Insider</i> subscription	✓	✓	✓	✓
OACB <i>PolicyBrief</i> subscription		✓	✓	✓
Access to OACB Member Directory		✓	✓	✓
CBA Health Benefits Trust access		✓	✓	✓
Discount rates for legal services		✓	✓	✓
Logo displayed on OACB Website		✓	✓	✓
Complimentary OACB Job Bank postings (valued at \$49 each)		5 per year	10 per year	Unlimited
Access to OACB Biennial State Budget Documents			✓	✓
Access to OACB Bill and Rule Tracker			✓	✓
Access to Selected OACB Listservs			✓	✓
Access to OACB Salary Survey Results			✓	✓
Annual "Affiliate Spotlight" Featurette in the OACB <i>Insider</i>			✓	✓
Special Recognition and Signage at OACB Events			✓	✓

For more information, visit www.oacbdd.org/affiliates or contact Adam Herman at (614) 431-0616.



Affiliate Membership Program

2018 Enrollment and Renewal Form

INSTRUCTIONS: Please complete all sections of this form in order to enroll as a 2018 OACB Affiliate Member. When complete, please mail this signed enrollment form to OACB, 73 E Wilson Bridge Road, Suite B1, Worthington, OH 43085. For faster processing, you can also fax this signed form to (614) 431-6457, ATTN: Adam Herman. You may also scan and email your completed form to aherman@oacbdd.org. Membership enrollment forms received without payment will be processed and invoiced, with payment due within 30 days of receipt. All checks should be made payable to OACB. We do not accept credit card payments at this time. Questions about this form should be directed to Adam Herman at (614) 431-0616 or aherman@oacbdd.org. **Thank you for becoming an OACB Affiliate Member! We look forward to serving you.**

Name: _____ Date: _____

Agency or Company (if applicable): _____

Billing Address: _____

E-mail Address: _____ Phone: _____

Web site: _____

What is the purpose/mission of your organization?

What level of Affiliate Membership are you enrolling in today?

- | | |
|--|---|
| <input type="checkbox"/> Council of Government (\$500) | <input type="checkbox"/> Silver Affiliate (\$2,000) |
| <input type="checkbox"/> Bronze Affiliate (\$1,000) | <input type="checkbox"/> Gold Affiliate (\$5,000) |

Why are you interested in becoming an OACB Affiliate Member? *(check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Publications (e-mails, reports) | <input type="checkbox"/> Discount Event Vendor Pricing |
| <input type="checkbox"/> Health Benefits Trust Access | <input type="checkbox"/> Discount Advertiser Pricing |
| <input type="checkbox"/> Discount Legal Services | <input type="checkbox"/> Discount Event Attendance Rates |
| <input type="checkbox"/> Training Opportunities | <input type="checkbox"/> Other _____ |

Membership Agreement

By signing below, I (or my company, if I am signing as its authorized agent) hereby agree(s) to enroll as an Affiliate Member of the Ohio Association of County Boards Serving People with Developmental Disabilities (OACB) for one calendar year from the date of my signature below. In exchange for my membership dues, I will receive benefits listed on the Affiliate Member Benefits Package in the appropriate dues category under which I have joined. This document is available to me 24 hours a day, 7 days a week on the OACB Web site at www.oacbdd.org/affiliates. I further understand and agree that benefits may be added or removed from this list at any time and under the sole discretion of OACB, though efforts will be made by OACB to notify me of any such changes within a reasonable period of time following the benefits' modification. I understand that my membership dues are non-refundable once payment is received. I understand that I will not be permitted to downgrade my Affiliate Membership category (bronze, silver, gold, etc.) to a lesser category at any time during my membership period, though I am permitted to upgrade at any time for the prorated difference between membership rates at the time of upgrade. Questions about this agreement can be directed to Adam Herman (aherman@oacbdd.org) Mon-Fri from 9a-4p (excl. holidays).

Signature (Affiliate Member or authorized agent)

Date

OFFICE USE ONLY: RECEIVED BY _____ DATE _____