



INDIVIDUAL Application

APPLICATION GUIDELINES

Mail the completed form to us with the the requisite fee enclosed. (checks only please)

Mailing address: 829 Bethel Road, PMB #212, Columbus, Ohio 43214

Questions? Write to us: info@partnershipohio.org or call us at 614-441-8337.

Membership is valid for one year from date of application.

INDIVIDUAL INFORMATION

Date _____

Last Name _____ First Name _____ Middle Initial _____

Employer _____ Title/Position _____

Home address _____ City _____ State — Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Payment Information

Check Payable to: Ohio Partnership for Excellence (\$75)

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www.partnershipohio.org | email: info@partnershipohio.org

phone 614-441-8337 | fax 614-515-4771

Address for mail and deliveries only: 829 Bethel Road, PMB #212, Columbus, Ohio 43214