

# Ohio Association of Health Plans Membership Application

**Please Print:**

Organization/Company/Individual Name \_\_\_\_\_

Name of Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Company Website: \_\_\_\_\_

Other individuals to receive association mailings:

1. Name \_\_\_\_\_ Title \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

**Membership Categories (please check one):**

- Licensed Health Plan
- Developing Licensed Health Plan
- Affiliate
- Supporting

**Annual Dues**

} **Please Contact OAHP for Dues Amount**

Nature/Scope of Business: \_\_\_\_\_

How did you hear about OAHP: \_\_\_\_\_

Form completed by \_\_\_\_\_ Date: \_\_\_\_\_

Dues payments are deductible by members as an ordinary and necessary business expense. However, contributions or gifts to the Ohio Association of Health Plans are not deductible as charitable contributions for federal income tax purposes.

Please return application with a brief company description and check made payable to:

**Ohio Association of Health Plans**

230 East Town Street, Suite 200

Columbus, Ohio 43215

Phone (614) 228-4662

FAX (614) 228-5816