

# Ohio Association of Health Plans Membership Application

**Please Print:**

Organization / Company Name: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

Other individuals to receive association correspondence and information:

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Health Plan

Affiliate Member

Supporting Member

} **Please Contact OAHP for Dues Amount\***

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

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

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

\* Health plan members that are Medicaid managed care plans and/or MyCare Ohio plans are subject to an additional annual surcharge. Dues payments are deductible by members as an ordinary and necessary business expense to the extent listed on annual membership invoice. 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

Email: sbewley@oahp.org