

Allied Membership Application

Convention & Visitors Bureaus and
Destination Marketing Organizations

Operating Budget Levels & Membership Investment

\$0 - 250,000	\$300
\$250,000 - 999,999	\$600
\$1,000,000 +	\$1,000

Destination Information

Destination Name: _____ County: _____
 Address: _____ City, State, Zip: _____
 Website: _____ Phone: _____
 Slogan/Motto: _____
 Description: _____

Billing Information

Contact Name: _____ Phone: _____
 Title: _____ Cell Phone: _____
 Email: _____
 Billing Address (if different from Company Address):

Additional Contacts

Contact Name: _____ Email: _____
 Title: _____ Phone: _____
 Contact Name: _____ Email: _____
 Title: _____ Phone: _____

Bureau of Workers' Compensation Policy Number: _____

I would like a complimentary, non-commitment quote for OHLA's Group Rating program powered by CareWorksComp.

Please return completed applications to OHLA Director of Membership, Sara Tennyson-Harlan at sara@ohla.org.

We will begin the review process for your membership. All new members must be approved by the OHLA Board before membership is finalized. If you have any questions, please contact OHLA at 614-461-6462.

FOR OFFICE USE ONLY:

Meeting scheduled: _____ Date Payment Received: _____ New Member Kit: _____ SM Shoutout: _____
 Date Received: _____ Date Input in System: _____ Ambassador Assigned: _____ Letter: _____