

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: _____