



The Ohio Coalition for Adult Protective Services

MEMBERSHIP DUES INVOICE

Annual Membership Fees:

Individual \$35

Organization \$100

(Agencies can designate up to 3 individuals under the organizational rate)

Name:		Organization (Designees):	
		1) 2) 3)	
Address:			
Phone Number:	Fax Number:	E-Mail Address:	
Signature :		Date:	

Please make checks payable to: The Ohio Coalition for Adult Protective Services
Federal I.D. # 31-1301471

Mail checks and application to: Ohio Coalition for Adult Protective Services
c/o OAAAA
1335 Dublin Road, Suite 214A
Columbus, OH 43215