



Ohio Health Homes Network 2019 Membership Application

Membership Fees:	Agency/Organization	\$75
	Individual	\$35
	Parent/Guardian	\$ 1

Agency or Organizational Member			
Organization Name		Contact Person	
Email Address		Phone Number	
Business Address		Business Address (line 2)	
City	State	ZIP	County
Membership is \$75 per year, payable by check sent to OHHN or online at http://www.ohhn.org/membership			

Individual or Parent Member			
Name			
Email Address		Phone Number	
Street Address		Street Address (line 2)	
City	State	ZIP	County
Membership is \$35 per year, or \$1 for parents of a child with asthma or lead exposure, payable by check sent to OHHN or online at http://www.ohhn.org/membership . Cash payment will be accepted from parents.			

Go the extra mile and make a donation, in addition to your dues!
Please consider adding to your support by making a contribution!

_____ \$50 _____ \$100 _____ \$150 _____ \$200 \$_____ Other

Pay dues at <http://www.ohhn.org/membership/> or by sending payment to Ohio Healthy Homes Network, P.O. Box 2562, Columbus, OH 43216. For help invoicing, IRS forms, or other questions, contact Patricia Barnes, Executive Director, at patricia.barnes@ohhn.org.