Please complete and submit the following membership application.

Mail or e-mail your application and other materials to if applicable:
Ohio Association of Community Health Centers
Attn: Membership
2109 Stella Ct.
Columbus, OH 43215

Teresa Rios-Bishop
(614) 884-3101
tbishop@ohiochc.org

Please Note: Do not send payment at this time. An invoice will be sent to you upon approval of the membership application.
Date of Application: ________________

Contact Information

Organization Name: _______________________________________________________

CEO/Executive Director: ___________________________________________________

Street Address: ___________________________________________________________

City: ______________________________ State: _________ Zip Code: ____________

Phone #: ______________________________  Fax #: ____________________

Email Address:   ____________________________________

Website Address:  _________________________________________________

Additional Information

1. If applicable, what type(s) of organization are you classified as (check all that apply)?
   - ☐ Non-profit  ☐ Public Health  ☐ Association  ☐ HRSA Planning Grantee
   - ☐ Foundation  ☐ Higher Education  ☐ State Agency  ☐ Not Applicable

2. Are you a student?
   - ☐ Yes       ☐ No

   If yes, indicate institution and program _______________________________

3. What is your motivating factor for becoming an Individual Member?
4. OACHC offers a variety of learning opportunities and conferences. Are you interested in attending or submitting abstracts for presentations?

5. What areas of technical assistance do you believe you will need from the association if any?

As a condition of membership, contact information will be published in our membership directory and on the OACHC website.

Please note: We believe this application is comprehensive, but a representative of OACHC or the Committee may contact you for more information. Please indicate who we should contact:

Name: ____________________________ Title: ____________________________________

Phone: (___) _______________________ Email: ___________________________________

Thank you.