



**2020 Membership Application
Associate Member**

Company Name _____

Key Contact Person _____

Key Contact Email _____

Key Contact Title _____

Address *(please, no P.O. Box)* _____

City/State/Zip _____

County _____ Telephone _____

Fax _____ Website _____

Description of product or services offered *(Please include promotional brochure):*

2020 Associate Member Rate of \$875.00, January 1-December 31, 2020

Please return with a check to:

LeadingAge Ohio
Attn: Corey Markham
2233 North Bank Drive
Columbus, Ohio 43220

If you would like to pay via credit card, please return form to Corey Markham at cmarkham@leadingageohio.org and an electronic invoice will be emailed to you that can be paid online.

Membership dues to LeadingAge Ohio are not tax deductible as charitable contributions. However, your dues may be tax deductible as ordinary and necessary business expenses.