



Membership Dues Application Organization Associate

Membership Fee \$25

(Must be a current employee, officer, owner or director of an organization member)

Organization Name _____

Associate Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

If admitted to membership, I undertake to abide by the Ohio Agricultural Council's Articles of Incorporation, Code of Regulations, and other rules of the council as contained therein or amended from time to time.

Associate Member Signature _____

Please make checks payable to: Ohio Agricultural Council
5151 Reed Road, Suite 126-C
Columbus, OH 43220
Phone: 614-794-8970 – Email: info@ohioagcouncil.org

May we print your contact information in our roster and list your name on our website as a member?

YES
 NO