



2009
Membership Renewal and Dues
INVOICE

Membership renewal deadline: January 31st

3757 Indianola Ave., Columbus, OH 4314
Phone: (800)796-6272 Fax: (614)784-9771 E-mail: mkrc@pacainc.com
Website: <http://www.oascohio.com/>

Bill Date: November 17, 2008

*Please make any corrections to printed membership information in the appropriate spaces.
For Organizational Membership, please list a second member's information.*

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____ PSA: _____

Program Planner/Activity Director's Name: _____

E-Mail: _____ Phone: _____

*Cost of membership is based on Senior Center Budget.
Check the appropriate membership category below.*

Under \$100,000/Individual/Professional
_____ \$75

\$100,000 - \$250,000
_____ \$100

\$250,000 - \$500,000
_____ \$150

\$500,000 - \$1,000,000
_____ \$250

Over \$1,000,000
_____ \$500

Organizational/AAA Membership
_____ \$500

(Over)
www.ohioasc.org

Please indicate your Directory preference:

[] Hard Copy (One per agency membership, additional copies are available for \$5.00)

[] Diskette.

Please indicate your Newsletter preference:

[] Hard Copy (One per agency membership)

[] Email. (Can be printed on standard printer)

Please list email addresses of Newsletter recipients

	<u>Name</u>	<u>E-Mail</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Membership with over \$1,000,000 budget or organizational members may receive two hard copies OR 10 email newsletters. Please list 5 additional email address.

6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Return completed application with payment to: OASC 3757 Indianola Ave., Columbus, OH 43214. Thank you for supporting OASC!

<http://www.oascoho.com/>