Application for Affiliated Society Membership
Ohio Hospital Association
155 E. Broad Street, Suite 301
Columbus, Ohio 43215
Phone (614)221-7614
www.ohanet.org

SOCIETY OF OHIO OCCUPATIONAL HEALTH PROFESSIONALS
(Please Print or Type)

Name: _________________________________________________________________________________
(Please include any professional designations)

Position/Title: __________________________________________________________________________

Organization: _________________________________________________________________________

Business Address: ______________________________________________________________________

City:______________________________________ Zip Code: ____________________________________
(please use 9-digit zip code)

County: ___________________________________ Phone: ______________________________________

E-Mail Address_______________________________________ Fax: _______________________________

Your Signature: ___________________________________________ Date: _________________________

Type C membership is available to persons associated with an OHA organizational member or Corporate Partner.

There are no dues required for membership.

Complete form and return to:
Ohio Hospital Association
155 E. BROAD STREET, Suite 301
COLUMBUS, OHIO 43215
cindys@ohanet.org, Fax 614-358-2737