

Not a Member – Become one TODAY!



2018
Membership Renewal and Dues
INVOICE

3757 Indianola Ave., Columbus, OH 43214
Phone: (800)796-6272 Fax: (614)784-9771 E-mail: krc@pacainc.com
Website: www.ohioasc.org

Bill Date: December 2017

*Please complete your 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)

Please indicate your Directory preference:

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

CD

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

Name

E-Mail

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. _____

Please tell us which services your agency provides:

Home Delivered Meals Homemaking PASSPORT/Personal Care

Transportation Adult Day Services Congregate Meals

Social, Recreational, Educational, Cultural, Wellness Activities Chore/Home Repair

Other – please list _____ None – Do not provide direct services

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

www.ohioasc.org