



# 2024 Organization Membership

You may also complete the below information electronically at [www.ohiopreventionprofessionals.org](http://www.ohiopreventionprofessionals.org).

## Organization & Primary Contact

Organization: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

County(ies) Served: \_\_\_\_\_

You may enroll up to 20 people as part of your Organization Membership. Each member receives Individual Membership benefits. **Please provide each individual's (including primary contact) name and e-mail address.**

Name	E-mail Address
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
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12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

**Send completed form and remit \$1,000 Organization Membership payment to  
OPPA; P.O. Box 2394; Columbus, OH 43216 or [mail@ohiopreventionprofessionals.org](mailto:mail@ohiopreventionprofessionals.org)**