



**2026 Mid-Year
Organization Membership
Application
(through 12-31-26)**

You may also complete the below information electronically at 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. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

***Send completed form and remit \$750 Organization Membership payment to
OPPA; P.O. Box 2394; Columbus, OH 43216 or mail@ohiopreventionprofessionals.org***