

## **Business/Institution Membership Registration**

INCORPORATED

est 1836

Business and Nonprofits are able to become Members of Ohio City Incorporated. All Business and Institution members are required to appoint a Main Point of Contact who will be the person contacted for membership related items. For voting members the main point of contact is the person

authorized to vote on behalf of the business or nonprofit. When filling out this form, please make sure to provide all of the information for the Main Point of Contact, as well as the street address for the business or nonprofit. The street address will be used to determine if the member is within the boundaries of Ohio City.

This form must be used by Businesses/Nonprofits if:

- This is their first time registering as a member of OCI (New Membership)
- They are currently a member of OCI, and transferring their membership information to the new system (Existing Membership)

The membership categories for Businesses and Nonprofits are:

- **Business Member**—This is for businesses that are physically located within the boundaries of Ohio City. (eligible to vote)
- **Institution Member**—This is for nonprofit organizations that are physically located within the boundaries of Ohio City. (eligible to vote)
- **Associate Member**—This membership level is for nonprofit organizations or businesses that are not physically located within the Ohio City Neighborhood. <u>This membership level is not eligible to vote.</u>

A resident member who also qualifies as a business or institution member shall be entitled to one vote as a resident member and one vote as a business/ institution member. Therefore no one person shall be entitled to more than two votes

Please be sure to fill out both pages of this form.

Completed forms can be returned via Email, Mail, or Fax					
Email	Mail	Fax			
lraber@ohiocity.org	ATTN Lisa Raber Ohio City Incorporated 3308 Lorain Avenue Cleveland, OH 44113	(216) 781-3252			
Membership Status (check only one)	<b>Business or Institution</b>	Information			
New Membership					
Existing Membership	Name:				
Membership Type (check only one)	Street Address:				
Business Member	Street	Suite			
Institution Member					
Associate Member	City	State Zip			

## **Main Point of Contact Information**

Name:				
	First	Middle	Last	
Contact Info:				
	Mailing Address			
	City			State Zip
	Email		ne Number	
Delication of Countries to Coun				
	Point of Contact Signatu	ure		Date
	Business Owner Signature	e (if different)		Date
M/hot Tyme of Dugin			oce on Nonnnofit and vou?	
s your business or		What Type of Business or Nonprofit are you?  (Select all that apply)		
•	on interested in ng with OCI?	Businesses	S	Nonprofits
Yes	ig with oct.	Food and Beverag	ge	Direct Service Provider
└─ Not at thi	s time hut maybe in	Retail		Advocacy Organization
Not at this time, but maybe in the future		Service		Religious Organization
□ No		Office		Educational Organization
		Other		Other
		Preferred Conta	act	<b>Membership Donation</b>
or Minority Business?	y Ownea	Method		Membership is free, and donations are not
select all that app	oly)	Mail		required. All Donations are 100% tax deductible.
Yes—Wom	an Owned Business	Email		Checks payable to: Ohio City Incorporated
Yes—Mino	rity Owned Business			Payment by phone: (216) 781-3222 x100
─ No		☐ Telephone		Payment online: ohiocity.org/support
				\$50 Other Amount:
For Office Use Only			\$100 \$	
Rcvd:	Ltr Sent:	Ck Date: Amt:		\$250 I'm not able to
Entered:	Method:	Chk#: Ref#:		\$500 give at this time.