# OHIO CITY
## INCORPORATED
### *est* 1836

# Business/Institution Membership Registration

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. This membership level is not eligible to vote.

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<br>Ohio City Incorporated<br>3308 Lorain Avenue<br>Cleveland, OH 44113 | (216) 781-3252 |

## Membership Status
(check only one)

☐ New Membership

☐ Existing Membership

## Membership Type
(check only one)

☐ Business Member

☐ Institution Member

☐ Associate Member

## Business or Institution Information

Name: _____

Street Address: _____

Street _____ Suite

_____

City _____ State _____ Zip

# Main Point of Contact Information

Name: _____

First          Middle          Last

Contact Info: _____

Mailing Address

_____

City          State          Zip

_____

Email          Phone Number

_____

Point of Contact Signature          Date

_____

Business Owner Signature (if different)          Date

## Is your business or organization interested in volunteering with OCI?

☐ Yes

☐ Not at this time, but maybe in the future

☐ No

## What Type of Business or Nonprofit are you?

(Select all that apply)

| Businesses | Nonprofits |
|---|---|
| ☐ Food and Beverage | ☐ Direct Service Provider |
| ☐ Retail | ☐ Advocacy Organization |
| ☐ Service | ☐ Religious Organization |
| ☐ Office | ☐ Educational Organization |
| ☐ Other | ☐ Other |

## Is your business a Woman or Minority Owned Business?

(select all that apply)

☐ Yes—Woman Owned Business

☐ Yes—Minority Owned Business

☐ No

## Preferred Contact Method

☐ Mail

☐ Email

☐ Telephone

## Membership Donation

Membership is free, and donations are not required. All Donations are 100% tax deductible.

Checks payable to: Ohio City Incorporated

Payment by phone: (216) 781-3222 x100

Payment online: ohiocity.org/support

☐ $50    ☐ Other Amount:

☐ $100    $ _____

☐ $250

☐ $500    ☐ I'm not able to give at this time.