

Type of Membership

Educator

\$20

Student

\$20

Membership Dues

School Information

School Name: _____

County: _____

Address: _____

City, State, Zip: _____

Website: _____

Phone: _____

School Type:

High School Tech/Career College/University

Personal Information

Name & Title: _____ Email: _____

Address: _____ City, State, Zip: _____

What type of education program are you involved with? Example: Hospitality, Tourism Management, etc.

 **Are you interested in donating to the OHLA Education and Training Fund?**
Yes _____ No _____

If yes, please specify amount: \$ _____

HOW TO SUBMIT:

Submit completed applications by email to OHLA's Director of Membership, Halle Markwas at halle@ohla.org

QUESTIONS? Please contact OHLA at (614) 461-6462

FOR OFFICE USE ONLY:

One on one scheduled: _____ Date Payment Received: _____ New Member Kit: _____ SM Shoutout: _____

Date Received: _____ Date Input in System: _____ Ambassador Assigned: _____