



ALLIED MEMBER

# Allied Membership Application

*Those that provide products, support, & services to the industry*

## Organization Information

Company Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of goods and/or services:

Is your organization classified as a Minority Business Enterprise (MBE)? \_\_\_\_ Yes \_\_\_\_ No

Learn more about eligibility for the MBE Certification Program by [clicking here](#).

## Point of Contact

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address (if different from Company Address):

\_\_\_\_\_

## Additional Contacts

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Bureau of Workers' Compensation Policy Number:** \_\_\_\_\_

I would like a complimentary, non-commitment quote for OHLA's Group Rating program powered by CareWorksComp.

*Please return completed applications to Director of Membership, Lauren Stazen, at [lauren@ohla.org](mailto:lauren@ohla.org). We will begin the review process for your membership. All new members must be approved by the OHLA Board before membership is finalized. If you have any questions, please contact OHLA at 614-461-6462.*

### FOR OFFICE USE ONLY:

Meeting scheduled: \_\_\_\_ Date Payment Received: \_\_\_\_ New Member Kit: \_\_\_\_ SM Shoutout: \_\_\_\_

Date Received: \_\_\_\_ Date Input in System: \_\_\_\_ Ambassador Assigned: \_\_\_\_ Letter: \_\_\_\_