



**OHLA WIL CONNECT Member Application**

Property Member

Allied Member

Return Application to: Cindy R. Sams,  
Director of Education, Workforce &  
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**OHLA WIL CONNECT APPLICANT**

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

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Property/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Favorite Social Media: \_\_\_\_\_

**ADDITIONAL APPLICANTS**

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

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Property/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Favorite Social Media: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Property/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Favorite Social Media: \_\_\_\_\_

By providing your e-mail on this application you give express permission for OHLA to contact you and your organization by e-mail. You can change your communication preference at any time.