



Membership Application

I hereby make application in the Ohio Society of Association Executives (OSAE) and, if accepted, agree to abide by its Bylaws and support its objectives and interests and to pay such dues as may be established for membership.

Association Executives

- First Association Executive (\$350.00)
- Additional member from same association (\$175.00)

Convention and Visitors Bureau Members

- First CVB Executive (\$350.00)
- Additional member from same CVB (175.00)

Affiliate Members (suppliers/vendors)

- First Industry Partner (\$400.00)
- Additional Industry Partner from same company (\$200.00)

(Please type or print – no abbreviations)

Name of Applicant _____ Certification _____ Nickname _____

Title _____ Name of Organization _____

Office Address _____

City _____ State _____ Zip Code _____ Telephone _____

Fax _____ E-mail _____ Website _____ Twitter _____

Indicate your preferred method(s) of communication. Check ALL that you wish to receive: E-mail Fax (I understand that by providing my fax number and email address and signing this application, I consent to receive faxes and emails sent by or on behalf of OSAE).

Signature of Applicant _____ Date _____

Sponsor/Referral (optional – please print or type) _____

<p>ASSOCIATION EXECUTIVE APPLICANTS ONLY. Check association type and area covered:</p> <p><input type="checkbox"/> Professional <input type="checkbox"/> Trade <input type="checkbox"/> Other</p> <p><input type="checkbox"/> International <input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Local</p> <p><i>Please check all that apply:</i></p> <p><input type="checkbox"/> Administration <input type="checkbox"/> Marketing/Communications <input type="checkbox"/> Technology <input type="checkbox"/> Education/Training</p> <p><input type="checkbox"/> Finance <input type="checkbox"/> Meetings/Conventions <input type="checkbox"/> Government Relations <input type="checkbox"/> Foundation <input type="checkbox"/> Membership</p> <p><input type="checkbox"/> Other (please specify)</p>	<p>CVB MEMBER APPLICANTS ONLY</p> <p>Check the appropriate category:</p> <p><input type="checkbox"/> Sales <input type="checkbox"/> Convention Services</p> <p><input type="checkbox"/> CEO <input type="checkbox"/> Other (please specify)</p>
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AFFILIATE MEMBER APPLICANTS ONLY SHOULD COMPLETE THE FOLLOWING. Please check the service(s) offered to associations. Acceptance of membership does not constitute an endorsement by OSAE of any products or services.

Accountants/Auditors Attorneys Communication Consultants Convention Services Conference/Convention Centers

Entertainment/Attractions Event Production Services Financial Services Graphic Design Hotel/Inn/Resort Insurance

Legislative Services Management Services Marketing/PR Meeting Facilities/Catering Meeting Management

Membership Services Office Supply Photographer Printing/Publishing Promotional Merchandise Shipping

Speakers/Trainers Strategic Planning Technology Third Party Administrators Travel Services Other

FOR CREDIT CARD PAYMENT, PLEASE CHECK AND COMPLETE:

Visa MasterCard Discover American Express

Account # _____ Security Code _____ Expiration Date _____ Amount \$ _____

Name on Card _____ Signature _____

FOR OFFICE USE ONLY

Date Received _____ Dues Amount \$ _____ Check No. _____ Board Approved _____

New Member Listing _____ Letter/Directory _____

Dues should be submitted with application to: OSAE
 1335 Dublin Road, Ste. 224 A, Columbus, OH 43215
 Tel: (614) 824-4054 Fax: (614) 824-4117 www.osae.org

Standards of Conduct Attestation: I attest that I have reviewed and will comply with the Standards of Conduct for membership within The Ohio Society of Association Executives as of the date of this membership application. Please visit www.osae.org to view the Standards of Conduct.