



Membership Application

Institution Name: _____

Institution Type (Public/Private, 2-year/4-year, non-profit, etc.) _____

Program Name: _____

Program Website: _____

Primary Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-Mail: _____

Secondary Contact: _____ Title: _____

Phone: _____ E-Mail: _____

Categories of New Membership (Please select a category)

- Institution (\$150):** Any public/private post-secondary or secondary institution that supports the mission of OADEP and concurrent enrollment. Membership benefits include:
 - Right to vote (one vote per institution)
 - Right to hold office, serve as committee chairs or members
 - Right to attend OADEP sponsored activities
 - Right to reduced fees for OADEP sponsored activities
 - Right to membership certificate
- Individual (\$50):** Any organization, government entity or individual, not currently employed by an Institution of Higher Education or K-12 school district, who supports the mission of OADEP and concurrent enrollment. Membership benefits include:
 - Right to serve as committee members
 - Right to attend OADEP sponsored activities
 - Right to reduced fees for OADEP sponsored activities
 - Right to membership certificate

Please make checks payable to **OADEP** and **mail with a copy of this application to:**

Ohio Alliance of Dual Enrollment Partnerships
c/o Kristin Skiles, Treasurer
570 E. Leffel Lane, PO Box 570
Springfield, OH 45501-0570