



Ohio Asian American Health Coalition

Ohio Asian American Health Coalition Annual Membership

- Organizational Member – \$500/-
- Individual Members – \$50/-

Please complete this application and send check to:

Ohio Asian American Health Coalition
3569 Refugee Road
Suite C
Columbus, Ohio 43232-9306

Or pay via PayPal on Home page.

Email atthai90@gmail.com for questions.
Thank you for your support!

1. Organization member – \$500/-

Name of the Organization _____

Contact Person's Name _____

Address, City, State, Zip _____

Telephone: Business: _____

Cell Phone _____

e-mail address _____

2. Individual Member – \$50/-

Name: _____

Address _____

City, State, Zip _____

Telephone _____

Office/Home _____

Cell Phone _____

e-mail address: _____