

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 <u>atthai90@gmail.com</u> 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. <u>Individual Member – \$50/-</u> Name:	
Address	
City, State, Zip	
Telephone	
Office/Home	
Cell Phone	
e-mail address:	