



## 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

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

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