

MEMBERSHIP APPLICATION

www.centralohiomanufacturingpartnership.org

Name							Date	
Business							l l	
Address								
City			P.O. Box		State		Zip Code	
Phone			Fax		Email		l	
				Business Descrip	tion			
Primary type	of work perf	ormed						
Years in business				# of Employees		Annual Sales		
Current certifications								
Professional o	organizations	5						
Website/Soci	al media han	idles						
			Member	rship Categories:	Choose	One		
Regular Member		\$2,000.00 per year		More th	More than 250 employees			
			\$1,000.00 per year		More th	More than 100 employees		
			\$750.00 per year		More th	More than 25 employees		
		\$500.00 per year		25 emp	25 employees and less			
Educational Member			\$500.00 per year					
Workforce Development			\$500.00 per year					
Economic Development			\$500.00 per year					
Individual Member			\$100.00 per year		Retiree	Retiree or non-member companies		
Donation			\$		No men	No membership required		
Signature								
Send applica	ations for ap	proval to): 			After Me	mbership App	roval:

Amber Gibbs

ambergibbs@manufacturingpartnership.org 614.356.7871

COMP is a 501(c)(3) organization



Make checks payable to: COMP

Mail checks to:

SECTOR PARTNERSHIP Steve Van Dyke, COMP Treasurer 639 Clymer Rd., Marysville, OH 43040

To pay dues by credit card, contact Amber Gibbs.