

Ohio Disability Vote Coalition Membership Form

Name of Organization

Name ODVC Designee

Date

will participate as a member of the Ohio Disability Vote Coalition. As a member, we will adopt the mission of ODVC, work on established priorities for, and commit to following the ODVC structure.

Check at least one:

- Our organization will contribute at least \$50 toward expenses incurred by ODVC to accomplish its priorities.
- Our organization will contribute in-kind services.

Electronic Signature

Title

Address

Phone

City

Zip Code

E-mail Address

To become an ODVC member, complete this form and mail to:

ODVC
670 Morrison Road, Suite 200
Gahanna, OH 43230-5324

Questions?

Call (866) 575-8055