

ORGANICS RECYCLING ASSOC. OF OHIO MEMBERSHIP APPLICATION FORM

Name: _____ Title: _____

Company/Organization: _____

Address: _____

Phone: (_____) _____ Fax: (_____) _____

E-Mail: _____ Website: _____

County: _____ SWMD or Authority: _____

**MEMBERSHIP IS INCLUSIVE FOR EVERYONE THAT WORKS IN YOUR ORGANIZATION.*

Full Membership

- Benefactor \$1,000
- Patron \$ 500
- Business \$ 200

Associate Membership

- Government \$100
- Nonprofit Association \$100
- Schools/Universities \$100

If you have any questions, please feel free to contact me, Linda Robertson, Director at 330-241-9382.

Please mail and make checks payable to:

**ORAO
P.O. Box 1745
Medina, OH 44258**

Thank you for your support!