



Membership Form
Membership is from July 1 – June 30
\$50.00 per individual

Step 1. Select Appropriate Classification:

- New Membership Renewing Membership
 Employer Educator 2 Year 4 Year

Step 2. Member Contact Information

Name: _____

Title: _____

Company or University/College Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

e-mail: _____

Website: _____

Company or University/College Profile:

Academic Schedule Quarters Semesters Trimesters

Co-op Schedule Plans

Alternating Parallel Alternating &/or Sequential All

Co-op Format Mandatory Optional Mandatory/Optional (Depending On Major)

Co-op Majors (List all that Apply) _____

Product or Service Line (Employer) _____

Mail this form with payment to:

Ohio Cooperative Education Association
P.O. Box 19507
Cincinnati, OH 45219

Questions? Call 513/556-2667