



Coalition on Homelessness
and Housing in Ohio

COHHIO

Please send your tax-
deductible check to

COHHIO Membership
175 S. Third St,
Suite 250
Columbus, OH 43215

If you would like to
be invoiced, please
fax to 614-463-1060
or e-mail :
tomrogers@cohhio.org

Membership Application

Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip _____ County _____

Phone (_____) _____ Fax(_____) _____ Email _____

Individual: \$35 (Regular) \$75 (Benefactor) \$250 (Sustainer) _____ (Other) Fee Waiver Requested

Organization (According to budget):

\$35 (\$100,000 or less) \$75 (\$100,001 – \$250,000) \$125 (\$250,001 – \$500,000)

\$200 (\$500,001 – \$1 million) \$250 (\$1 million – \$1.5 million) \$300 (over \$1.5 million)

Thank you for your support!