

COUNTY LOSS CONTROL COORDINATORS ASSOCIATION

CLCCA 2018 DUES & MEMBERSHIP

BUSINESS ASSOCIATE MEMBER

NAME	_____
COUNTY	_____
TITLE	_____
ADDRESS	_____
CITY	_____
PHONE	_____
FAX	_____
	ZIP CODE 9-Digit _____
	CELL _____
	E-MAIL _____

Business Associate Membership: This membership is designated for representatives of any business, association, or any other organization with an interest in promoting and assisting Ohio counties regarding health, safety and liability issues. This membership does not include CCAO Affiliate Membership.

Business Associate Membership(s) _____ @ \$150.00

TOTAL AMOUNT
=====

Payment must be received by April 1, 2018

MAKE CHECK PAYABLE TO:

COUNTY LOSS CONTROL COORDINATORS ASSOCIATION

MAIL CHECK TO (NOTE ADDRESS CHANGE):

**Cathy Jones, Secretary/Treasurer
c/o Mahoning County
21 W. Boardman St.
Youngstown, OH 44503**