

COUNTY LOSS CONTROL COORDINATORS ASSOCIATION

CLCCA 2019 DUES & MEMBERSHIP

PROFESSIONAL MEMBER (VOTES - ONE PER COUNTY)

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

CLCCA Professional Membership: This membership is limited to the person responsible for loss control and/or safety for their County.

One professional membership per County 1 @ \$125.00

ASSOCIATE MEMBER (DOES NOT VOTE - NO LIMIT PER COUNTY)

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

County Government Associate Membership: This membership is designated for any employee of county government. Counties must have one professional membership prior to adding an associate membership. This membership does not include CCAO Affiliate membership.

Associate member(s) per County _____ @ \$50.00

TOTAL AMOUNT _____

Payment must be received by April 1, 2019

MAKE CHECK PAYABLE TO:

COUNTY LOSS CONTROL COORDINATORS ASSOCIATION

MAIL CHECK TO:

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