



COUNTY LOSS CONTROL COORDINATORS ASSOCIATION

CLCCA 2026 DUES & MEMBERSHIP

SPONSORING MEMBER

(non-voting, organizational)

ORGANIZATION _____

CONTACT NAME _____

TITLE _____

ADDRESS _____

CITY _____ ZIP CODE 9-Digit _____

PHONE _____ CELL _____

FAX _____ E-MAIL _____

PRODUCTS/SERVICES PROVIDED _____

Sponsoring Membership: This membership is designated for individuals, firms, and corporations that provide safety and risk management services and provides an opportunity to network with county safety and risk management staff and to promote best practices in their field.

Sponsoring Membership _____ **\$300.00**

Note: First attendee for lunch meetings free/ \$25.00 per additional attendee

BUSINESS ASSOCIATE MEMBER

(non-voting, per member)

NAME _____

TITLE _____

ORGANIZATION _____

COUNTY SERVICING _____

ADDRESS _____

CITY _____ ZIP CODE 9-Digit _____

PHONE _____ CELL _____

FAX _____ E-MAIL _____

Business Associate Membership: This membership is designated for representatives of any business, association currently servicing an Ohio county, or any other organization with a direct interest in promoting and assisting Ohio counties regarding health, safety and liability issues.

Business Associate Membership(s) _____ **@ \$150.00** per individual

***INDIVIDUALS AND ORGANIZATIONS CAN HOLD BOTH SPONSORING AND BUSINESS-ASSOCIATE MEMBERSHIPS**

TOTAL AMOUNT _____

Payment must be received by **March 1, 2026**

MAKE CHECK PAYABLE TO: **COUNTY LOSS CONTROL COORDINATORS ASSOCIATION**

Federal ID# 47-3042590

MAIL CHECK TO:

Erin McVay, Secretary/Treasurer c/o Belmont County, 101 West Main Street St. Clairsville, Ohio 43950