



COUNTY LOSS CONTROL COORDINATORS ASSOCIATION

CLCCA 2025 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, 2025

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