



Ohio Citizens for Science

www.ohioscience.org



Membership Application

MEMBER INFO

Name(s) _____
 Occupation(s) _____
 Address _____
 City _____ State / Province _____
 Zip / Postal Code _____ Country _____
 Phone _____ E-mail _____

Please check any of the following that apply to you:

- Interested Citizen
- Parent *(check all that apply)*
 - Pre-school
 - 9th-12th grade
 - K-5th grade
 - College
 - 6th-8th grade
 - Grown Children
- Educator *(check all that apply)*
 - Pre-school
 - 9th-12th grade
 - K-5th grade
 - College
 - 6th-8th grade
 - University
- Scientist *(check all that apply)*
 - Biological Sciences
 - MD
 - Physical Sciences
 - Social Sciences
 - Engineer
 - other (_____)

OTHER INFO

Would you be willing to volunteer your time to help OCS? _____
 Skills you would be willing to use to help OCS and/or committees you would be willing to serve on: _____

Annual dues are payable on January 1st. *(Dues not paid by January 31 will be considered lapsed. New dues paid after September 15 will be accepted as paid for the following year.)*

- Student membership \$10.00 *(NOT tax deductible)*
(Open to students of all kinds who subscribe to the purposes of OCS.)
 - Regular membership \$25.00 *(\$15 tax deductible)*
(Open to all persons eighteen years of age and older who subscribe to the purposes of OCS.)
 - Family Membership \$35.00 *(\$25 tax deductible)*
(Open to or more persons sharing the same household who subscribe to the purposes of OCS.)
 - Sustaining membership \$50.00 *(\$40 tax deductible)*
(Open to all persons eighteen years of age and older who subscribe to the purposes of OCS.)
 - Patron membership \$100.00 *(\$90 tax deductible)*
(Open to all persons eighteen years of age and older who subscribe to the purposes of OCS.)
 - Leadership Circle \$250.00 *(\$240 tax deductible)*
(Open to all persons eighteen years of age and older who subscribe to the purposes of OCS.)
 - New Member one time application fee 5.00
 - Additional Tax Deductible Donation *(Thanks!)* _____ *(tax deductible)*
- TOTAL \$ _____

I (We) apply for OCS membership and agree to abide by the Constitution, Bylaws, Rules, Regulations, Policies, and Procedures of OCS.

Signature(s) _____ Date _____
 Signature(s) _____ Date _____

**OCS is a 501c3 charitable organization. Please make checks payable to OCS and mail with application to:
 Mike Holloway – OCS Membership Chair – PO Box 13894, Columbus, OH 43213**