

OHIO COALITION FOR THE EDUCATION OF CHILDREN WITH DISABILITIES

Membership Application, page 2

ORGANIZATION NAME: _____

AFFILIATION (please check only one)

_____ **STATEWIDE MEMBER ORGANIZATIONS:** Article III, Section 1 of the CONSTITUTION - Organizations whose membership and activities encompass the State of Ohio and whose goals and purposes are harmonious with those of the OCECD may be STATEWIDE MEMBER ORGANIZATIONS upon payment of annual per-organizational-member fees as established in Article III of the BY-LAWS. Member organizations shall be eligible for **TWO** Representatives on the OCECD Governing Board.

_____ **REGIONAL MEMBER ORGANIZATIONS:** Article III, Section 2 of the CONSTITUTION - Organizations functioning within the state of Ohio (but not statewide), whose goals and purposes are harmonious with those of the OCECD, and the majority of whose members are parents of children and youth with disabilities, persons with disabilities, or professionals involved in related areas may be REGIONAL MEMBER ORGANIZATIONS upon payment of annual per-organizational-member fees as established in Article III of the BY-LAWS. Regional Member Organizations shall be eligible for **ONE** representative on the OCECD Governing Board.

_____ **INDIVIDUAL OR CORPORATE PATRONS:** Article III, Section 3 of the CONSTITUTION - Individuals whose goals and purposes are harmonious with those of the OCECD may become members of the OCECD upon payment of an annual fee as established in the BY-LAWS. INDIVIDUAL PATRONS shall be eligible to attend Governing Board meetings, to receive communications, publications and other services authorized by the OCECD Governing Board. CORPORATE PATRONS are corporations who sponsor and provide support to an organization affiliated with the OCECD or directly to the OCECD. CORPORATE PATRONS shall receive communications, publications and other services as authorized by the Governing Board.

OCECD's fiscal and operating year shall be the calendar year (Jan. 1 through Dec. 31). Organizational dues are based on your payment schedule. Organizations applying for membership for the first time are asked to submit, with their application for membership, a copy of their constitution or equivalent description of goals and membership eligibility and your membership list for verification and approval for membership by the Executive Committee of the Ohio Coalition for the Education of Children with Disabilities.

Authorized by _____ **Date** _____
Signature of President

PLEASE BE SURE THAT BOTH SIDES OF THIS APPLICATION ARE COMPLETE

**PLEASE RETURN APPLICATION TO: Ohio Coalition for the Education of Children
with Disabilities (OCECD)
165 W. Center St., Suite 302
Marion, OH 43302
740-382-5452**