



2010 MEMBERSHIP FORM

Please provide the following information:

CITY: _____ POPULATION: _____

NAME AND TITLE OF CHIEF SAFETY ADMINISTRATION OFFICER:

OFFICE ADDRESS: _____

CITY: _____ ZIP: _____

OFFICE PHONE: (____) _____ FAX NO.: _____

EMAIL ADDRESS: _____

DEPARTMENTS RESPONSIBLE FOR: _____

Please indicate if you need a new/replacement lapel pin: _____

Please use the reverse side of this application to tell the Association how it can be of value to you.

MEMBERSHIP FEE: \$50.00 PLEASE MAKE CHECKS PAYABLE AND RETURN TO:

The Ohio Association of Public Safety Directors
175 So. Third Street, Suite 510
Columbus, Ohio 43215-7100

Contributions, gifts or dues payments to the Ohio Association of Public Safety Directors are not deductible as charitable contributions for federal income tax purposes. Consult your tax advisor if you have questions.