



Ohio Health Homes Network 2021 Membership Application

Agency Member			
Organization Name	Contact Person		
Email Address	Phone Number		
Business Address	Business Address (line 2)		
City	State	ZIP	County
Membership is \$75 per year. Pay online at http://www.ohhn.org/membership or send a check to PO Box 2562, Columbus, Ohio 43216.			

Individual or Parent Member			
Name			
Email Address	Phone Number		
Street Address	Street Address (line 2)		
City	State	ZIP	County
Individual membership is \$35 per year. Parent membership is \$10 per year. Pay online at http://www.ohhn.org/membership or send a check to PO Box 2562, Columbus, Ohio 43216.			

Why not go the extra mile and [donate](#) to OHHN? Your donation will support healthy housing webinars and forums, public policy development, newsletter and information/referral.

Pay dues at <http://www.ohhn.org/membership/> or send a check with the membership form to Ohio Healthy Homes Network, P.O. Box 2562, Columbus, OH 43216.
Questions? Need an invoice or W9? Write to [Membership](#) or contact Aaron Grant at ohiohnhn@gmail.com.