



# Diversity Compliance Coalition of Ohio Membership Application

## Member Information

### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Mailing Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email \_\_\_\_\_

### Professional Information

Organization: \_\_\_\_\_

Title: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Company Description: \_\_\_\_\_  
\_\_\_\_\_

NAICS Codes: \_\_\_\_\_

### Education - Organization Information

Academic Institutions: \_\_\_\_\_  
*Name of Institution* *Degree(s) Earned*

Social Organization: \_\_\_\_\_  
*Name of professional organization(s)*

**Annual General Membership fee \$100.00**