



OAC Membership Form

Ohio AIDS Coalition
48 West Whittier Street,
Columbus, OH 43206-2503
Fax: (614) 444-1376

Name: _____ Month/Day of Birth: _____

Organization/Company Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

_____ HIV-positive/Special Circumstances \$0-10.00

_____ Member \$35.00

Consider joining in these categories to support OAC's Mission.

_____	Friend	\$50.00
_____	Supporter	\$100.00
_____	Sustainer	\$250.00
_____	Angel	\$500.00
_____	Benefactor	\$1000.00

Payment Method

_____ Check Enclosed

Please Charge \$ _____ to my: ___ Visa ___ MasterCard

Card # _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____

I make this membership in honor of: _____

Would you like to receive mailings? _____ Yes _____ No

Can we include your name in our publications? _____ Yes _____ No

Signature: _____ Date: _____