



PROGRAM ENROLLMENT FORM

Dear Potential Ohio DAS Cooperative Purchasing Member and/or Renewal Participant;

Thank you for your interest in the Ohio Department of Administrative Services (DAS) Cooperative Purchasing Program. Please check one (1) of the following Political Divisions to determine your eligibility in the program. For political subdivision reference, please review [Ohio Revised Code \(ORC\) 125.04](#).

- | | |
|---|---|
| <input type="checkbox"/> Airport Authority | <input type="checkbox"/> Private Fire Company |
| <input type="checkbox"/> Chartered Non-Public School | <input type="checkbox"/> Public Fire District |
| <input type="checkbox"/> City | <input type="checkbox"/> Public Library District |
| <input type="checkbox"/> Community School | <input type="checkbox"/> School District |
| <input type="checkbox"/> Conservancy District | <input type="checkbox"/> State Institution of Higher Education |
| <input type="checkbox"/> County | <input type="checkbox"/> Township |
| <input type="checkbox"/> County or City Hospital per ORC 339.01 | <input type="checkbox"/> Transit Authority |
| <input type="checkbox"/> Education Service Center | <input type="checkbox"/> Village |
| <input type="checkbox"/> Metropolitan Housing Authority | <input type="checkbox"/> Regional Water and Sewer District |
| <input type="checkbox"/> Park District | <input type="checkbox"/> Other political subdivision as described |
| <input type="checkbox"/> Port Authority | in the Revised Code: |
| <input type="checkbox"/> Private EMS District | (name) _____ |

This program is intended for political subdivisions named in the ORC. Please contact us if you have political subdivision questions prior to completing the entire enrollment, resolution and payment process. Should the Ohio DAS Cooperative Purchasing Program determine your status as ineligible, we will contact you.

Very Sincerely,

Jean Stephenson, CPPO, CPM, A.P.P.
State Purchasing Contracts Manager

Service, Support, Solutions for Ohio Government



Office of Procurement Services
Cooperative Purchasing Program

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All prospective members of the Ohio DAS Cooperative Purchasing Program are requested to complete this Enrollment Form with accurate information, so that we can quickly communicate important information and program developments to you. Return this completed form with your Resolution, payment for the appropriate membership fee, and check the appropriate political subdivision box on the program enrollment form on page 1. (Please type or print clearly.)

Name of Political Subdivision: _____

Contact Person: _____ Title: _____

Street Address: _____ P.O. Box _____

City/Village/Township: _____ County: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Please return to:
DAS Office of Finance
c/o Cooperative Purchasing Program
30 E. Broad Street, 40th Floor
Columbus, OH 43215

Please Make Checks Payable to:
Treasurer, State of Ohio

Service, Support, Solutions for Ohio Government