Ohio DAS General Services Division | Office of Procurement Services Cooperative Purchasing Program

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.

- ☐ Airport Authority
- ☐ Chartered Non-Public School
- ☐ City
- ☐ Community School
- ☐ Conservancy District
- ☐ County
- ☐ County or City Hospital per ORC 339.01
- ☐ Education Service Center
- ☐ Metropolitan Housing Authority
- ☐ Park District
- ☐ Port Authority
- ☐ Private EMS District
- ☐ Private Fire Company
- ☐ Public Fire District
- ☐ Public Library District
- ☐ School District
- ☐ State Institution of Higher Education
- ☐ Township
- ☐ Transit Authority
- ☐ Village
- ☐ Regional water and sewer district
- ☐ Other political subdivision as described in the Revised Code: (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,

Wayne E. McCulty
State Purchasing Administrator

Service, Support, Solutions for Ohio Government

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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:
State of Ohio
Office of Cooperative Purchasing
4200 Surface Road
Columbus, OH 43228

Please Make Checks Payable to:
Treasurer, State of Ohio

Print Form

Service, Support, Solutions for Ohio Government