Ohio Department of Administrative Services
John Kasich, *Governor*
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STATE OF OHIO COOPERATIVE PURCHASING PROGRAM ENROLLMENT FORM

All Prospective Members of the Cooperative Purchasing Program are requested to complete this Enrollment Form with all possible information requested so that we have a better means of quickly communicating important information and Program developments to you in a timely fashion. Return this form with your Resolution, check for the proper membership fee and any needed correspondence to the address below. (Please type or print clearly.)

Name of Local Government: _____

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

Service, Support, Solutions for Ohio Government