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Ohio Department of Administrative Services  
John Kasich, *Governor*  
Robert Blair, *Director*

Office of Cooperative Purchasing  
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STATE OF OHIO COOPERATIVE PURCHASING  
PROGRAM ENROLLMENT FORM

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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.)

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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**