



## 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"/> Port Authority   |
| <input type="checkbox"/> Chartered Non-Public School                                   | <input type="checkbox"/> Private EMS District   |
| <input type="checkbox"/> City  | <input type="checkbox"/> Private Fire Company   |
| <input type="checkbox"/> Community School  | <input type="checkbox"/> Public Fire District   |
| <input type="checkbox"/> Conservancy District  | <input type="checkbox"/> Public Library District  |
| <input type="checkbox"/> County  | <input type="checkbox"/> Regional Council of Government                                       |
| <input type="checkbox"/> County Agricultural Society                                   | <input type="checkbox"/> Regional Planning Commission   |
| <input type="checkbox"/> County or City Hospital per <a href="#">ORC 339.01</a>        | <input type="checkbox"/> School District  |
| <input type="checkbox"/> Education Service Center                                      | <input type="checkbox"/> State Institution of Higher Education                                |
| <input type="checkbox"/> Joint Ambulance District                                      | <input type="checkbox"/> Township   |
| <input type="checkbox"/> Joint-County Alcohol, Drug Addiction & Mental Health District | <input type="checkbox"/> Transit Authority  |
| <input type="checkbox"/> Joint Township Hospital District                              | <input type="checkbox"/> Village  |
| <input type="checkbox"/> Metropolitan Housing Authority                                | <input type="checkbox"/> Regional Water and Sewer District                                    |
| <input type="checkbox"/> Multicounty Correctional Center                               | <input type="checkbox"/> Other political subdivision as described in the Revised Code: (name) |
| <input type="checkbox"/> Municipal Hospital  | _____   |
| <input type="checkbox"/> Park District   |   |

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 McCulty, CPPO**  
Deputy Chief Procurement Officer  
*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.)

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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**  
**Ohio Department of Administrative Services**  
**L-3686**  
**Columbus, OH 43260-3686**

Please make checks payable to:  
**Treasurer, State of Ohio**