



**COOPERATIVE PURCHASING PROGRAM  
ENROLLMENT FORM**

(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 mail completed enrollment form, resolution and membership fee 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**