4019 Prospect Avenue
Cleveland, OH 44103-4301
Phone: 216.881.7860
Fax: 216.881.7863

VOICES FOR OHIO'S CHILDREN

PARTNERSHIP APPLICATION

Please print your information directly on this form and fax or mail to the address provided at the top of this page.

NAME of organization or individual:

_____

ADDRESS: PHONE:

_____ _(_____)_____--_____

CITY, STATE, ZIP: FAX:

_____ _(_____)_____--_____

EMAIL:

_____

FOR ORGANIZATIONS ONLY (continue to fill information below)

PRIMARY CONTACT PERSON AND TITLE:

_____

SECONDARY CONTACT PERSON AND TITLE:

_____

PRIMARY CONTACT PHONE: SECONDARY CONTACT PHONE:

_(_____)_____--_____ _(_____)_____--_____

PRIMARY CONTACT EMAIL:

_____

SECONDARY CONTACT EMAIL:

_____

As a partner of Voices for Ohio's Children, I/We agree to: (1) Support the mission, vision and objectives of Voices for Children; (2) Commit to actively participate in the work of Voices for Children; (3) Agree that each public policy partner is entitled to a single vote; and (4) Agree to pay annual dues in a timely manner.

_____ _____

Authorized Signature Print Name of Authorized Signature

Annual fee: **Individuals/Organizations with budgets under $1 million** **$100 annual dues**
Budgets from $1 to $5 million **$175 annual dues**
Budgets over $5 million **$250 annual dues**

Based on the above scale, I/We have enclosed an amount of $_____ of partnership dues for fiscal year 2006-2007.

FOR CHECKS: Make payable to **Voices for Ohio's Children** and mail to above address.

FOR CREDIT CARDS: Fill out information below and fax to: (216) 881.7863

Circle One: Mastercard Visa AmEx

Credit Card No.: _____

Exp. Date: _____ Security Code (3-digit code located on back of card): _____

TAX IDENTIFICATION NO.: 34-1941907