

OHIO EMPLOYEE OWNERSHIP CENTER (OEOC) 2009 PROFESSIONAL MEMBERSHIP REGISTRATION FORM

NAME OF PROFESSIONAL MEMBER FIRM: _____

DATE: _____ WEB ADDRESS: _____

ANNUAL MEMBERSHIP FEE

	@	QTY	TOTAL
First Office - includes One Person	\$ 150.00	1	\$ 150.00
Each Additional Office - includes One Person per Office	100.00		
Each Additional Person	50.00		
Listing in Online Directory (NOT AVAILABLE to NonMembers)			FREE
TOTAL MEMBERSHIP FEE			

Address for Office #1

Address for Office #2

Phone: _____

Phone: _____

FAX: _____

FAX: _____

Person #1:
Name: _____

Person #1:
Name: _____

Email: _____
Person #2:
Name: _____

Email: _____
Person #2:
Name: _____

Email: _____
Person #3:
Name: _____

Email: _____
Person #3:
Name: _____

Email: _____

Email: _____

Please list information for additional offices on a separate piece of paper and attach it to this application.

PLEASE CHECK YOUR FIRM'S AREAS OF SERVICES PROVIDED:

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Repurchase Obligation |
| <input type="checkbox"/> Actuary | <input type="checkbox"/> Fairness Opinion | <input type="checkbox"/> Repurch Obligation Software |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Feasibility Studies | <input type="checkbox"/> Stock Options |
| <input type="checkbox"/> Co-op Design | <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Sub-S ESOPs |
| <input type="checkbox"/> Equity Investment | <input type="checkbox"/> KSOP Design | <input type="checkbox"/> Succession Planning |
| <input type="checkbox"/> ERISA Specialist | <input type="checkbox"/> Labor (Consultant to) | <input type="checkbox"/> Training |
| <input type="checkbox"/> ESOP Administration | <input type="checkbox"/> Lending | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> ESOP Buyout | <input type="checkbox"/> Management (Consultant to) | <input type="checkbox"/> Valuation |
| <input type="checkbox"/> ESOP Legal | <input type="checkbox"/> Organizational Development | |
| <input type="checkbox"/> ESOP Litigation | <input type="checkbox"/> QRP Investment | |
| <input type="checkbox"/> ESOP Plan Design | | Other _____ |

Person Authorizing:	
Name: _____	Signature: _____

Please make your check payable to **OEOC** and mail it with the completed application to:
OEOC, Kent State University, 113 McGilvrey Hall, Kent, OH 44242. Questions? Call 330-672-3028.