



EMERGING

PROFESSIONALS

OHLA Emerging Professionals Member Application

Return Application to: Michele Marcinick, OHLA
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Property Member Allied Member

OHLA EMERGING PROFESSIONALS APPLICANT MEMBERSHIP INFORMATION

Name: _____

Property/Company Name: _____

Position: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County _____

Office Phone: _____ Mobile: _____

Do you want to opt in to receive text messages?: Y _____ N _____

E-mail: _____

Birth Date (month/day/year) _____ Age _____

MY PROPERTY/COMPANY:

Is a member of OHLA

Is a member of AHLA

Is NOT a member but would like membership information

HOW DID YOU HEAR ABOUT EMERGING PROFESSIONALS?

OHLA e-newsletter AHLA Referral (referral name) _____

Word of Mouth Colleague Referral (referral name) _____

Other (Please specify) _____

By providing your e-mail on this application you give express permission for OHLA to contact you and your organization by e-mail or phone. You can change your communication preference at any time.