

Kentucky Oral Health Coalition (KOHC) Membership Form

Make checks payable to: Kentucky Oral Health Coalition

You may return this completed form to lstettenbenz@kyyouth.org or print and mail it with your check to:

Kentucky Oral Health Coalition
10200 Linn Station Road, Ste. 310
Louisville, KY 40223

Memberships are good for one year. Dues are renewed annually in July. All dues provide resources to support annual coalition meetings, oral health coalition activities as approved by members of the steering committee, and policies and programs to increase access to high quality oral health care for all populations in Kentucky.

Please select the appropriate membership category:

STUDENT MEMBERSHIP – Annual dues of \$10

Name: _____ Phone #: _____

Email address: _____

Address: _____

School: _____ Degree: _____

Anticipated graduation date: _____ County of residence: _____

INDIVIDUAL MEMBERSHIP – Annual dues of \$50

Name: _____ Phone #: _____

Email address: _____

Address: _____

Organization/affiliation: _____

County of residence: _____

Small business memberships and all organizational memberships require one primary contact to be listed. The primary contact is responsible for paying membership dues and completing a list of named members.

For all organizational memberships, the primary contact is responsible for voting on behalf of their organization or designating another member from the organization to vote.

SMALL BUSINESS MEMBERSHIP – Annual dues of \$100

Business name: _____

Primary contact name: _____ Phone #: _____

Primary contact email address: _____

Address: _____

Designated voting member, if different than primary contact: _____

ORGANIZATIONAL MEMBERSHIP

_____ **Governmental Organization: Annual dues of \$150**

_____ **Non-Profit Organization: Annual dues of \$300**

_____ **For-Profit Organization: Annual dues of \$500**

Organization name: _____

Primary contact name: _____ Phone #: _____

Primary contact email address: _____

Address: _____

Designated voting member, if different than primary contact: _____

Membership type	Number of members	Additional members
Small Business	\$100 membership includes 3 named members	\$25 for each additional member – up to 10 members total
Governmental Organization	\$150 membership includes 5 named members	\$25 for each additional member – up to 10 members total
Non-Profit Organization	\$300 membership includes 12 named members	\$25 for each additional member
For-Profit Organization	\$500 membership includes 12 named members	\$25 for each additional member

Please list all named members, in addition to the primary contact listed – see above chart for member limits.

	Name	Email Address
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

Please list any additional members you wish to include for \$25 per member – see above chart for member limits.

Name	Email Address

Membership amount \$_____ + Additional member fees (optional) \$_____ = Total amount enclosed \$_____