



Surety Association of Ohio

APPLICATION FOR MEMBERSHIP

Please complete this form and return it to:

Surety Association of Ohio
c/o Ms. Laura Hall
Liberty SuretyFirst
7965 North High Street, Suite 110
Columbus, OH 43235
Phone: 614-987-1271
Laura.Hall@libertymutual.com

Company Name: _____

Names of Applicants for Roster:

- 1. _____ E-mail address * _____
- 2. _____ E-mail address * _____
- 3. _____ E-mail address * _____

*This information is very crucial. **ALL** future notices will be sent via e-mail.

Mailing address (for billing purposes) _____

Telephone # _____ Fax # _____

Which applicant will be responsible for paying the dues (or other fees) for your company/agency?

Would you be interested in participating in any of the committees or serving as a member of the board? If so, please indicate your interest.

Technology Committee _____ Government Relations Committee _____

Promotion/Education Committee _____ Meetings/Membership Committee _____

Board Member _____ Other (specify) _____

Please include a check for \$200.00 payable to the ~~Surety Association of Ohio~~ when you return this form.

Thank you for your interest in joining the organization and we look forward to your participation!