

Name of Professional Member Firm: \_\_\_\_\_

Date: \_\_\_\_\_ Web Address: \_\_\_\_\_

## Annual Membership Fee

First Office - Includes One Person

Each Additional Office - Includes One Person per Office

Each Additional Person

Listing in Online Directory (Not Available to Non-Members)

Logo Appears in Online Directory Listing

**Fill Out Office Information on Back Page**

| PRICE | QTY | TOTAL       |
|-------|-----|-------------|
| \$350 |     | \$          |
| \$250 |     | \$          |
| \$150 |     | \$          |
|       |     | <b>FREE</b> |
| \$200 |     | \$          |

Total Membership fee \$

## Please Check Your Firm's Areas of Services Provided:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> 1042 rollover/QRP Investment  | <input type="checkbox"/> Insurance                                  | <input type="checkbox"/> Estate Planning                        | <input type="checkbox"/> Ownership Culture                                    |
| <input type="checkbox"/> AAP Compliance                | <input type="checkbox"/> Cyber Security and Risk Management         | <input type="checkbox"/> Employee Practices Liability Insurance | <input type="checkbox"/> Repurchase Obligation                                |
| <input type="checkbox"/> Accounting                    | <input type="checkbox"/> Defend DOL or IRS Audit                    | <input type="checkbox"/> Executive Search/Recruiting            | <input type="checkbox"/> Repurchase Obligation Software                       |
| <input type="checkbox"/> Audit & Tax Compliance        | <input type="checkbox"/> Directors and Officers Liability Insurance | <input type="checkbox"/> Fairness Opinion                       | <input type="checkbox"/> Risk Management (for protecting ESOP account values) |
| <input type="checkbox"/> Bank Mgmt (Consultant to)     | <input type="checkbox"/> Employment Law                             | <input type="checkbox"/> Feasibility Studies                    | <input type="checkbox"/> Succession Planning                                  |
| <input type="checkbox"/> Board Member                  | <input type="checkbox"/> Equity Compensation                        | <input type="checkbox"/> Fiduciary Insurance                    | <input type="checkbox"/> Sustainability Studies                               |
| <input type="checkbox"/> Business transitions          | <input type="checkbox"/> Equity Investment                          | <input type="checkbox"/> Fiduciary Issues                       | <input type="checkbox"/> Training   |
| <input type="checkbox"/> Communication                 | <input type="checkbox"/> ERISA Matters                              | <input type="checkbox"/> Financial Planning                     | <input type="checkbox"/> Transaction Planning                                 |
| <input type="checkbox"/> Capital Expenditure Financing | <input type="checkbox"/> ESOP Administration                        | <input type="checkbox"/> Health Insurance                       | <input type="checkbox"/> Treasure Management Solutions                        |
| <input type="checkbox"/> Capital Market Services       | <input type="checkbox"/> ESOP Buyout                                | <input type="checkbox"/> Labor (Consultant to)                  | <input type="checkbox"/> Trustee  |
| <input type="checkbox"/> Compensation                  | <input type="checkbox"/> ESOP Financing                             | <input type="checkbox"/> Leadership Development                 | <input type="checkbox"/> Valuation  |
| <input type="checkbox"/> Co-op Design                  | <input type="checkbox"/> ESOP Legal                                 | <input type="checkbox"/> Lending                                | <input type="checkbox"/> Working Capital Strategies                           |
| <input type="checkbox"/> Co-op Legal                   | <input type="checkbox"/> ESOP Litigation                            | <input type="checkbox"/> Management (Consultant to)             |   |
| <input type="checkbox"/> Corporate Governance          | <input type="checkbox"/> ESOP Plan Design                           | <input type="checkbox"/> Monetization Lending                   |   |
| <input type="checkbox"/> Cyber Security and Crime      | <input type="checkbox"/> Employee Benefit Plans                     | <input type="checkbox"/> Organizational Development             |   |

Support the OEOC's efforts to expand employee ownership in Ohio



**SCAN TO DONATE**  
OR VISIT [bit.ly/OEOC\\_donate](https://bit.ly/OEOC_donate)

## Make a Donation to our Friends of the Center Foundation Today!

Your donation to our Friends of the Center Foundation will allow us to continue our decades-long mission of providing support to employee-owned companies in our communities, in Ohio and around the country.

# Office Information

## Address of Office #1

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Person #1

Name \_\_\_\_\_  
Email \_\_\_\_\_

### Person #3

Name \_\_\_\_\_  
Email \_\_\_\_\_

### Person #2

Name \_\_\_\_\_  
Email \_\_\_\_\_

### Person #4

Name \_\_\_\_\_  
Email \_\_\_\_\_

## Address of Office #3

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Person #1

Name \_\_\_\_\_  
Email \_\_\_\_\_

### Person #3

Name \_\_\_\_\_  
Email \_\_\_\_\_

### Person #2

Name \_\_\_\_\_  
Email \_\_\_\_\_

### Person #4

Name \_\_\_\_\_  
Email \_\_\_\_\_

## Address of Office #2

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Person #1

Name \_\_\_\_\_  
Email \_\_\_\_\_

### Person #3

Name \_\_\_\_\_  
Email \_\_\_\_\_

### Person #2

Name \_\_\_\_\_  
Email \_\_\_\_\_

### Person #4

Name \_\_\_\_\_  
Email \_\_\_\_\_

## Address of Office #4

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Person #1

Name \_\_\_\_\_  
Email \_\_\_\_\_

### Person #3

Name \_\_\_\_\_  
Email \_\_\_\_\_

### Person #2

Name \_\_\_\_\_  
Email \_\_\_\_\_

### Person #4

Name \_\_\_\_\_  
Email \_\_\_\_\_

Person Authorizing: \_\_\_\_\_  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Check:

Please make your check payable to OEOC and mail it with the completed application to:  
Ohio Employee Ownership Center, 321 Bowman Hall, Kent State University, Kent, Ohio 44242.

### Online:

Email completed form to [kfitts@kent.edu](mailto:kfitts@kent.edu)  
and pay by visiting [oec.org/become-a-professional-member](http://oec.org/become-a-professional-member) and clicking on the "Payment Portal" button.

Questions, call **330-672-3028**