

OHIO EMPLOYMENT LAWYERS ASSOCIATION

("OELA")

PLEASE TYPE OR PRINT:

NAME: _____

FIRM: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE (Include Area Code): (____) _____ FAX: (____) _____

Amount Enclosed: \$ _____ City Chapter (if applicable): _____

E-Mail Address: _____

Web site URL: _____

I would like to be on the OELA email list Yes _____ No _____.

I would like access to the OELA website Brief Bank Yes _____ No _____.

Note: You must provide an email address if you have checked "yes" for either or both options.

I HEREBY CERTIFY THAT AT LEAST SEVENTY PERCENT (70%) OF MY EMPLOYMENT-RELATED LEGAL REPRESENTATION IS ON BEHALF OF EMPLOYEES.

SIGNATURE

DATE