

**OHIO EMPLOYEE OWNERSHIP CENTER (OEOC)  
2020 PROFESSIONAL MEMBERSHIP REGISTRATION FORM**

NAME OF PROFESSIONAL MEMBER FIRM: \_\_\_\_\_

DATE: \_\_\_\_\_ WEB ADDRESS: \_\_\_\_\_

**ANNUAL MEMBERSHIP FEE**

	@	QTY	TOTAL
First Office - includes One Person	\$ 250.00		\$ -
Each Additional Office - includes One Person per Office	150.00		\$ -
Each Additional Person	100.00		\$ -
Listing in Online Directory (NOT AVAILABLE to NonMembers)			FREE
<b>TOTAL MEMBERSHIP FEE</b>			<b>\$0.00</b>

Address for Office #1  
\_\_\_\_\_  
\_\_\_\_\_

Address for Office #2  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
Person #1:  
Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Person #2:  
Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Person #3:  
Name: \_\_\_\_\_  
Email: \_\_\_\_\_

Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
Person #1:  
Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Person #2:  
Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Person #3:  
Name: \_\_\_\_\_  
Email: \_\_\_\_\_

Please list information for additional offices on a separate piece of paper and attach it to this application.

**PLEASE CHECK YOUR FIRM'S AREAS OF SERVICES PROVIDED:**

- |                                    |                                   |  |
|------------------------------------|-----------------------------------|--|
| _____ 1042 rollover/QRP Investment | _____ Equity Investment           | _____ Labor (Consultant to)                                |
| _____ AAP Compliance               | _____ ERISA Matters               | _____ Leadership Development                               |
| _____ Accounting                   | _____ ESOP Administration         | _____ Lending  |
| _____ Audit & Tax Compliance       | _____ ESOP Buyout                 | _____ Management (Consultant to)                           |
| _____ Bank Mgmt (Consultant to)    | _____ ESOP Legal                  | _____ Monetization Lending                                 |
| _____ Board Member                 | _____ ESOP Litigation             | _____ Organizational Development                           |
| _____ Communication                | _____ ESOP Plan Design            | _____ Ownership Culture                                    |
| _____ Compensation                 | _____ Estate Planning             | _____ Repurchase Obligation                                |
| _____ Co-op Design                 | _____ Executive Search/Recruiting | _____ Repurchase Obligation Software                       |
| _____ Co-op Legal                  | _____ Fairness Opinion            | _____ Risk Management (for protecting ESOP account values) |
| _____ Corporate Governance         | _____ Feasibility Studies         | _____ Succession Planning                                  |
| _____ Defend DOL or IRS Audit      | _____ Fiduciary Insurance         | _____ Training   |
| _____ Employment Law               | _____ Fiduciary Issues            | _____ Trustee  |
| _____ Equity Compensation          | _____ Financial Planning          | _____ Valuation  |
|                                    | _____ Health Insurance            |  |

Person Authorizing:	
Name: _____	Signature: _____

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

Questions? Call 330-672-3028.