

**OHIO EMPLOYEE OWNERSHIP CENTER (OEOC)
2021 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
TOTAL MEMBERSHIP FEE			\$0.00

Address for Office #1

Address for Office #2

Phone: _____

Phone: _____

FAX: _____

FAX: _____

Person #1:
Name: _____

Person #1:
Name: _____

Email: _____

Email: _____

Person #2:
Name: _____

Person #2:
Name: _____

Email: _____

Email: _____

Person #3:
Name: _____

Person #3:
Name: _____

Email: _____

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:

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