



EDUCATORS & COMMUNITY HELPING HISPANICS ONWARD

2005-2006 Membership Application

1. To be included in membership directory, payment & application must be received by August 31, 2005
2. Calendar year runs from September 1 – August 31
3. Please notify ECHHO president of any changes in personnel
4. Membership checks, payable to ECHHO, are to be accompanied and mailed with this application to:

***Jose Olivarez, University of Toledo
Mail Stop #314, Toledo, OH 43606-3390***

Membership Application (Please Type or Print)

Please check one:

Membership Renewal New Member

Institution _____

Address _____

City _____

State _____ Zip Code _____

Telephone _____ Fax _____

Web Site Address _____

Primary ECHHO Representative Information: Please complete the following for the primary representative.

Name _____

Title _____

Telephone _____

E-Mail _____

Executive Board

Ericka Walker
President
Gabe Lomeli
Vice-President
Jose Olivarez
Treasurer
Samantha Holmes
Secretary

04-05 Members

Air Force ROTC
Baldwin Wallace College
Ball State University
Bluffton University
Bowling Green State University
Case Western Reserve University
Circleville Bible College
Cleveland Scholarship Programs
Cleveland State University
Cuyahoga Community College
Defiance College
Eastern Michigan University
Fifth Third Bank
Gannon University
Heidelberg College
Hiram College
Hobsons
James A. Rhodes State College
John Carroll University
Kent State University
Kent State University – Geauga
Lorain County Community College
Lourdes College
Malone College
Medical College of Ohio
Mercy College of Northwest Ohio
Mount Union College
Myers University
Northwest State Community College
Oakland University
Ohio Northern University
Ohio University
Otterbein College
Owens Community College
School of Advertising Art
Sinclair Community College
Terra Community College
The College of Wooster
The Ohio State University
The Ohio State University – ATI
The University of Toledo
University of Akron
University of Cincinnati
University of Saint Francis
US Bank
Virginia Marti College of Art & Design
Wilmington College
Wright State University
Youngstown State University



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Additional Staff: List the names of all people on your staff who wish to hold individual membership in ECHHO at \$35.00 per person. (Do not include representative listed above.)

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Vice-President
Jose Olivarez
Treasurer
Samantha Holmes
Secretary

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US Bank
Virginia Marti College of Art & Design
Wilmington College
Wright State University
Youngstown State University

Name _____

Title _____

Telephone _____

E-Mail _____

Name _____

Title _____

Telephone _____

E-Mail _____

Name _____

Title _____

Telephone _____

E-Mail _____

Name _____

Title _____

Telephone _____

E-Mail _____



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Dues Invoice

Executive Board

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 Wilmington College
 Wright State University
 Youngstown State University

<u>TYPE OF MEMBERSHIP</u>	<u>AMOUNT</u>
FULL VOTING MEMBERSHIP DUES:	
FOUR-YEAR INSTITUTION** \$150 (Public or private)	\$ _____
TWO-YEAR INSTITUTION \$125 (Community, technical, regional or branch)	\$ _____
FOR PROFIT BUSINESS OR CORP.	\$ _____
ADDITIONAL ACTIVE STAFF DUES	
Additional Active Members ____ X \$35	\$ _____
ASSOCIATE MEMBER	
Associate Members ____ X \$35	\$ _____
College Students ____ X \$35	\$ _____
TOTAL AMOUNT DUE:	\$ _____

Please make check payable to ECHHO. Mail the invoice, application form, college fair registration form, and payment to:

**Jose Olivarez
 University of Toledo
 Mail Stop #306
 Toledo, OH 43606-3390**