



# Membership Application **FAX: (216) 781-3348**

The OneForm is your first step toward getting the most out of your involvement with COSE. The OneForm allows you to customize your membership experience and helps us to know more about your business. Taking the time to complete the information below can help you save in the long term.

You can also fill out this form online at [www.cose.org/OneForm](http://www.cose.org/OneForm) and receive a **\$25 rebate** off your administration fee.

Login:

Password:

## About You and Your Company

Member ID #	Company Name		Doing Business As (DBA)	
Representative's First Name		Middle Initial	Last Name	
Annotation (e.g. Jr., Sr., III)				
Title			Salutation: Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	
E-mail		Web Site Address		
Address 1		Phone	Fax	
Address 2		State	Zip	County
City		Employee # (Full-time)		Year Company Started
NAICS Code	SIC Code	Business Description		
<input type="checkbox"/> Minority Business Enterprise	<input type="checkbox"/> Public Firm	Workers' Comp. Policy Number		Federal Tax ID or Owner's Social Security Number
<input type="checkbox"/> Female Business Enterprise	<input type="checkbox"/> Private Firm	How would you like to hear about new COSE products and services?		
<input type="checkbox"/> Government Entity	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail	<input type="checkbox"/> E-mail

## Promote Your Business


<input type="checkbox"/> Network & Learn at COSE Events <input type="checkbox"/> Exhibit or Sponsor COSE Events <input type="checkbox"/> Obtain Market Research Information <input type="checkbox"/> Advertise in <i>COSE Update Magazine</i> <input type="checkbox"/> COSE Marketplace marketing opportunities <input type="checkbox"/> Write for COSE Publications <input type="checkbox"/> Speak at COSE Events <input type="checkbox"/> Volunteer for COSE <input type="checkbox"/> Government Advocacy <input type="checkbox"/> Community Leadership <input type="checkbox"/> Minority Business <input type="checkbox"/> Regional Economic Issues <input type="checkbox"/> International Trade <input type="checkbox"/> Starting a Business <input type="checkbox"/> Financial Solutions	<input type="checkbox"/> Arts Network <input type="checkbox"/> Home-Based Business Network <input type="checkbox"/> Technology Network (NEOSA)
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## Reduce Your Expenses

I would like more information about products and savings opportunities.

<input type="checkbox"/> Health Insurance & Health Care Savings Accounts	<input type="checkbox"/> Discount Tickets to Events	<input type="checkbox"/> Office Products/Office Furniture
<input type="checkbox"/> Life & Disability Insurance	<input type="checkbox"/> HR Answer Center	<input type="checkbox"/> Payroll Services
<input type="checkbox"/> Vision Insurance	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Shipping & Freight
<input type="checkbox"/> Dental Insurance	<input type="checkbox"/> Northeast Ohio Business Publications	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> Wellness		

## Join Us

Annual Membership Dues	<input type="checkbox"/> Check (Payable to: <b>Greater Cleveland Partnership</b> )  <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
One-time Administrative Fee	
<b>TOTAL DUE</b>	
Credit Card Number	Expiration Date
<b>I have read and agree to terms of membership (reverse).</b>  Date _____	
<small>Dues are not refundable and membership is subject to the rules and regulations of the Greater Cleveland Partnership (GCP). Membership allows you to apply for benefits. It does not guarantee acceptance by any insurance, workers' comp, or other group-rated program providers.</small>	
<b>How did you hear about us?</b>	
<input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Newspaper <input type="checkbox"/> Referral <input type="checkbox"/> Internet	<input type="checkbox"/> NEO411.biz <input type="checkbox"/> Broker <input type="checkbox"/> Billboard <input type="checkbox"/> Phone Book <input type="checkbox"/> Other _____
<input type="checkbox"/> Small Business Development Center <input type="checkbox"/> Northern Ohio Minority Business Council	

## Questions?

Sales Rep:
The Higbee Building 100 Public Square, Suite 210 Cleveland, OH 44113  Phone: (888) 304-4769 Fax: (216) 781-3348 <a href="http://www.cose.org">www.cose.org</a>

## Statement of Membership

To receive benefits, you need a member number. Your sales account executive will contact you with your number after receipt of your completed application and first year's dues.

Membership allows you to apply for benefits. It does not guarantee acceptance by any insurance, workers' comp, or other group-rated program providers.

The membership covered by this application shall be considered as renewed from year to year, on the anniversary month of the membership, unless notice is given in writing prior to the renewal date. Annual charges are to be paid in advance. Dues invoices are automatically issued 30 days in advance of a member's anniversary month. Dues may be tax-deductible as a business expense, however, they are not deductible as a charitable contribution for federal income tax purposes. Please contact your financial advisor.

Dues are not refundable and membership is subject to the rules and regulations of the Greater Cleveland Partnership (GCP).

Membership in the GCP is for business, government and not-for-profit entities that support the mission and objectives of the GCP.

In order to become a member of the GCP, the applying, renewing or continuing Member Firm must be a "bona fide business" or "bona fide non-profit organization," as determined by the GCP pursuant to the criteria set by the GCP.

The GCP reserves the right to request verification of eligibility for benefits of the GCP by requiring an applying, renewing or continuing Member Firm to complete and submit a signed, certified questionnaire along with any required supporting documentation that solicits information relating to the bona fide criteria and/or complete and submit a signed and notarized affidavit stating that it complies with the application criteria set forth above.

The full criteria for determining whether or not a business or not-for-profit organization is a bona fide organization can be provided upon request to your Member Account Executive, to our customer service department at (216) 592-2222, or on-line at [www.cose.org/joinus](http://www.cose.org/joinus).

**ALL returned checks for insufficient funds will be charged a \$30 NSF Fee.**

