



2015 C.A.R.E. International Conference
September 13 - 16, 2015
Cincinnati, Ohio
2015 Membership Dues Form

Agency Name: _____

Agency Contact: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Membership Total: \$500.00

Please make checks payable to: Operation C.A.R.E. Ohio State Highway Patrol

Send Completed Form & Payment to: Ohio State Highway Patrol
Attn: Staff Lieutenant Ed Mejia
Office of Field Operations
1970 West Broad Street
Columbus, OH 43223

Office Use Only: Date Rec.: _____ Check # _____ Amount: \$ _____

App No: _____