



**Name:**

**Title:**

**Company/Organization:**

**Mailing Address:**

**Email Address:**

**Phone:**

**Type of Membership:**    **Full**            **Associate**

**Name and email of person to be listed as primary member:**

**Briefly describe the primary functions of your organization:**

**What are your expected benefits from membership in MODE?**

**What issues are of primary concern to you in the field of economic development?**



**Upon approval of my membership, I hereby agree to abide by the by-laws as adopted by the Mid-Ohio Development Exchange. I further understand that if my full membership application is denied, I will receive a refund equal to the full membership amount less associate membership fee.**

\_\_\_\_\_  
Name

Date