Southeast Ohio Training Network
Membership Application Form

Print this form and mail to the following address: SOTN, P.O. Box 2271, Athens OH. 45701

Name: _____________________________

Job title: _____________________________

Home address: ______________________________________

Home phone: ________________________________

Home email: _______________________________________

Organization/Agency: _________________________________

Work address: ______________________________________

Work phone: _______________________________________

Work FAX: _________________________________________

Work email: ________________________________________

Membership entitles individuals to attend SOTN workshops at the reduced membership fee, to run for office and vote at the Annual Membership Meeting and Election of Officers and Directors, and to attend the Monthly SOTN Meetings.