

Member Benefit Provider



Application

Member Benefit Providers give a pre-determined discount on services and products to all CBA members. The discount must be enhanced from those offered to the general public.

Benefits Include:

- Free listing on all benefit resource promotional pieces produced by the CBA
- Free logo and benefit offering listing on CBA website

Company Name: _____

Submitted by (Name): _____

Title: _____ Email: _____

Address: _____

City _____ State _____ Zip: _____

Telephone: _____ Fax: _____

Website: _____

Description of Services/Products Offered (please include attachment or additional page as required):

Discount offered on Services/Products (please include attachment or additional page as required):

Is this discount offered to the general public? Yes No

Is this discount offered to other Association Memberships? Yes No

Is your company affiliated/partners with other Bar Associations? Yes No

If yes, please list: _____

References (please list minimum of 2):

Company _____

City _____ State _____

Contact: _____ Phone _____

Company _____

City _____ State _____

Contact: _____ Phone _____

Return this application form to: The Cincinnati Bar Association, Attn: Ellen Graham, 225 East Sixth Street, Second Floor, Cincinnati, Ohio 45202-3209, Phone (513) 699-1406, Email: egramham@cincybar.org

All Member Benefits Provider applications are subject to research and approval by the CBA Membership Services & Development Committee.