

**The Ohio Staff Council of Higher Education (OSCHE) Mission Statement:**

To serve as a collaborative body that fosters positive staff relations between institutions of higher education and State and local administrations.

**The Ohio Staff Council of Higher Education Vision:**

To partner with all state assisted institutions of higher education in Ohio in an effort to promote and gather information and to inform our constituents of ideas and concerns regarding all staff councils.

**Membership to OSCHE requires the following:**

* Members shall be employees from state assisted two or four year institutions of higher education.
* Each paying member institution shall have two voting representatives (there are no voting rights with free first year membership).
* Each member institution may have up to three alternate representatives.
* Both voting and alternate representatives shall be appointed to the Council in accordance with the member institution’s bylaws.
* To be a member of O.S.C.H.E., it is not required to be currently serving on a staff council or committee or senate at a member institution.
* Membership contributions are based on the fiscal year and will be collected annually by December 31st of each fiscal year.

**OSCHE Membership Benefits Include:**

* One free registration to the annual OSCHE Summer Conference.
* Registration to the OSCHE listserv for all members of each institution Staff Council/Senate.
* Membership for each institution to the OSCHE official website. This includes each institutions logo, link to the institutions Staff Council/Senate website and the official listing on the OSCHE home page at www.ohiostaffcouncil.org.
* Lunch to be provided at the quarterly meetings by the host institution.

**Meetings:**

Meetings are held quarterly. Please check the OSCHE website for current meeting dates and locations.

**Fees:**

New Institutional applicants receive their first year of membership free. This allows each new institution to observe and participate in OSCHE to assess if OSCHE is an organization that is compatible to their Staff Council/Senate’s mission and goals.

**Annual fiscal year membership contribution per institution: $250.00**

**Due by December 31st of each fiscal year**

**Application:** Please complete the attached form and return with payment (if applicable) to:

**Mail Application and payment to:**

Columbus State Community College

c/o: Michael Hicks

550 E. Spring Street

Columbus, OH 43215

Phone (614) 287-2883 Fax: (614) 287-6026

Email: mhicks25@cscc.edu

**Membership Type and Contribution:**

New: $0.00 Renewal: $250.00

**Membership Information:**

**Representative 1:** Name (Please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Representative 2:** Name (Please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternate 1:** Name (Please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternate 2:** Name (Please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternate 3:** Name (Please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please retain a copy of this form as a receipt for your records.**