



OHIO COLLEGE INITIATIVE New Member Information

Thank you for your interest in the Ohio College Initiative. Please complete and return the following form to oci@preventionactionalliance.org.

Institution: _____

Campus Administrator: _____
(University President, Campus Dean, etc.)

Student Life Administrator: _____
(Vice President, Dean of Students, etc.)

Address: _____

City: _____ State: _____ Zip: _____

OCI Contact: _____

Title: _____

Email: _____

Phone: _____