

**Ohio Association of
Pretrial Services Agencies
(OAPSA)
Membership Form**

Name: _____

Title: _____

Organization: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

My agency is primarily:

- Release**
- Diversion**
- Other** _____

Annual membership dues are \$25.00. Please make checks payable to OAPSA and mail to:

**Ronald Fowler
Franklin County Municipal Court
Department of Probation Services
375 South High Street
8th Floor
Columbus, Ohio 43215**