

Ch	napter: (check box)
	Northeast Ohio
	Central Ohio; Southwest Ohio

Organization Name:					
Address:					
Nature of Business:	☐ Owner ☐ Architect ☐ Er☐ Contractor ☐ Subcontractor ☐ O	naineer			
Specialty:					
Name:	Title:				
'ears with Organization:Years In Industry:					
Professional Certification	s and Credentials:				
Email:	Phone Number:				
How do you influence yo					
How are you advancing y	your organization's project collaboration m	 nethodology?			
What outcomes do you	hope to achieve through partnership in Co	ogence?			
What project risks does y	your organization face?				
Sponsor:					
Willing to Serve on a Co	mmittee:		Yes	No	
Can we share your conta	act information with other Cogence Allianc	e partners:	Yes	No	

\*\*As a membership-driven organization, the health and vitality of each chapter is dependent upon the active engagement of its partners. Partners are strongly encouraged to serve on a committee and/or serve as a mentor in the Emerging Leaders program. As a collaborative group of decision-makers from all aspects of the design construction industry, it is also expected that partners avoid the promotion of special interests of their company to other partners. It is also expected that partners work cooperatively with other partners to ensure the Alliance is well managed to meet its goals and objectives.\*\*