

# 1<sup>st</sup> Ohio CMSA Club Membership

Membership valid 11/1/2018 – 10/31/2019

Complete and send to Becky Ashcraft, PO Box 140, Vevay, IN 47043

**1<sup>st</sup> Ohio Single** \$40.00

**1<sup>st</sup> Ohio Family** \$60.00

**1<sup>st</sup> Ohio Supporting Member** \$15.00

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CMSA # \_\_\_\_\_ Level \_\_\_\_\_ **1<sup>st</sup> Ohio Membership #** \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female  
Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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CMSA # \_\_\_\_\_ Level \_\_\_\_\_ **1<sup>st</sup> Ohio Membership #** \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female  
Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
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Signature \_\_\_\_\_ Date \_\_\_\_\_ **1<sup>st</sup> Ohio Officer** \_\_\_\_\_ Date \_\_\_\_\_

Paid by CHECK # \_\_\_\_\_ \$ \_\_\_\_\_ CASH \$ \_\_\_\_\_