



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

Membership valid 11/1/2021 – 10/31/2022

Complete and send to:

Marie Hafertepen, 1007 Bower Rd., West Harrison, IN. 47060

<input type="radio"/>	1 <sup>st</sup> Ohio Single	\$40.00	<input type="radio"/>	1 <sup>st</sup> Ohio Family	\$60.00
	<input type="radio"/>	1 <sup>st</sup> Ohio Supporting Member	\$15.00		

CMSA #: \_\_\_\_\_ Level: \_\_\_\_\_ 1<sup>st</sup> Ohio Membership #: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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

CMSA #: \_\_\_\_\_ Level: \_\_\_\_\_ 1<sup>st</sup> Ohio Membership #: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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

CMSA #: \_\_\_\_\_ Level: \_\_\_\_\_ 1<sup>st</sup> Ohio Membership #: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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

CMSA #: \_\_\_\_\_ Level: \_\_\_\_\_

1<sup>st</sup> Ohio Membership #: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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