

2009 Associate Membership Form

**All associate members will receive the magazine. If an associate member does not wish to receive the "Ohio Township News," please indicate.*

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ E-mail: _____

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ E-mail: _____

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ E-mail: _____

Please send me (only complete if form is not sent with original membership packet):

_____ Printed cards (by the OTA)

_____ Completely blank cards for me to print on my own

_____ Preprinted blank cards for me to complete (can be typed or handwritten)

_____ I don't need cards of any type at this time

Completed by

Date