



OCHA MEMBERSHIP APPLICATION

NAME: _____ NCHA # _____

ADDRESS: _____ PH. # (____) _____

CITY, STATE, ZIP: _____ Soc. Sec. # _____

E-Mail: _____

ADULT: \$25 and YOUTH \$10.

Please print and complete this application and send your check payable to OCHA:

To: **Mrs. Janet Woodland**
8701 Scioto Darby Rd
Orient, OH 43146