



# OCHA MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_ NCHA # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PH. # (\_\_\_\_) \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

E-Mail: \_\_\_\_\_

ADULT: \$30 and YOUTH \$10.

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

To: **Marjorie Morton-Padgett**

**145 Shull Avenue**

**Gahanna, OH 43230**