

2018 OHIO CHESS ASSOCIATION MEMBERSHIP FORM

MEMBER INFORMATION

Name:

Phone: () -

Email:

Current address:

City:

State:

Zip:

ADDITIONAL FAMILY MEMBERS REQUIRING MEMBERSHIP

Name:

Name:

Name:

Name:

PAYMENT INFORMATION

Annual Renewal Membership (Jan-May)

\$10

Family Membership

\$20

Affiliate Membership

\$15

Other Membership (go online to find out amount due if you are NEW member or if RE-NEWING after May 2018)

Total Enclosed

\$

SIGNATURE

By signing this document I agree to abide by the Ohio Chess Association Code of Regulations.

Printed Name:

Signature:

Date: ____ / ____ / _____