

OHIO CHESS ASSOCIATION MEMBERSHIP REGISTRATION FORM

MEMBER INFORMATION

Name:

Phone: () -

Email:

Current address:

City:

State:

Zip:

USCF ID (if applicable):

ADDITIONAL FAMILY MEMBERS REQUIRING MEMBERSHIP

Name:

Name:

Name:

Name:

PAYMENT INFORMATION

Adult Membership

\$20

Junior Membership

\$15

Affiliate Membership

\$15

Additional Family Memberships

\$5 each

Total Enclosed

\$

SIGNATURE

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

Printed Name:

Date: ___ / ___ / _____

Signature: