

# Membership Application and/or Annual Dues Renewal

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Type of Membership (circle one): Individual \$5.00 Family \$10.00 Group \$25.00

Lifetime \$100.00

**Please enclose a check payable to OMCHF and mail to:**

**OMCHF**

**601 Lingle St**

**PO Box 212**

**Osceola Mills, PA 16666**