

OMCHF

OSCEOLA MILLS COMMUNITY HISTORICAL FOUNDATION

_____ Membership application and/or Annual Dues Renewal _____

Name(s) _____

Address _____

City _____ State _____ ZIP _____

Phone/Email _____

Type of Membership (please list and circle one): _____

Individual \$5.00 Family \$15.00 Organization/Business \$25.00 Lifetime \$100.00

Please enclose a check payable to OMCHF and mail to:

**OMCHF
600 Lingle St
PO Box 212
Osceola Mills, PA 16666**

Memorials and donations accepted