| Ohio chess association Membership Registration form | | | |
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| member Information | | | |
| Name: | | | |
| Phone: ( ) - | Email: | | |
| Current address: | | | |
| City: | | State: Zip: | |
| 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: | | | |
| Signature: Date: \_\_\_\_ / \_\_\_\_/ \_\_\_\_\_\_\_\_\_\_ | | | |