

Membership Form

Individual Membership: \$20/year

Joint Membership: \$30/year

Name _____

Name #2 (if joint) _____

Address _____

City _____ Zip _____

Phone: (____) _____ Cell (____) _____

E-mail address _____

Membership runs from September through August of the following year.
Please send check payable to:

OFAA Membership, PO BOX 2065, Oshkosh, WI 54903-2065.

