

2010 IMHOA
MEMBERSHIP FORM

NAME: _____ DOB _____

Second Adult Name: _____ DOB _____

Youth Name: _____ DOB _____

Youth Name: _____ DOB _____

Youth Name: _____ DOB _____

Mailing
Address: _____

CITY: _____
State: _____ ZIP _____

Telephone

Cell Phone

Email
Address: _____

Web
Site: _____

Single adult- \$20.00;
Two Adults same household - \$30.00;
Youth - \$5.00 each

Amount Enclosed: _____

Please Make checks payable to: IMHOA
Mail to Treasurer:

Barbara Step
9903 N. 1800th Street
Paris, Illinois
61944