



MEMBERSHIP FORM

Print this form, fill it out, and mail to the address below

Membership Term: calendar year 2011

Name: _____

Institution (if any): _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone:
Work (____) ____ - _____ **Home** (____) ____ - _____ **Fax** (____) ____ - _____

E-Mail Address: _____

Interest Areas: Conferences _____ Newsletters _____ Workshops _____

Topical Interests: _____

New Member: _____ **Renewal:** _____

Individual \$25 _____

Make check payable to: OHMAR

Student \$10 _____

Mail to:

Institutional \$75 _____

OHMAR

Life \$1,000 _____

c/o Madelyn Campbell

Contribution _____

227 S. College St.

TOTAL ENCLOSED _____

Carlisle, PA 17013

Questions: ohmar.treasurer@gmail.com