



# Central Ohio Coon Hunters Association



## Membership Application

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Occupation or special skills that could be beneficial to club maintenance or administration

\_\_\_\_\_  
\_\_\_\_\_

Two members sponsoring applicant

1 \_\_\_\_\_ 2 \_\_\_\_\_

Other sportsmen or conservation club affiliations

\_\_\_\_\_  
\_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Send application to:

Central Ohio Coon Hunters Association  
PO Box 6  
Canal Winchester, OH 43110