

IHC Chapter 6 Membership Form 2020

Please print legibly

Date _____

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip _____

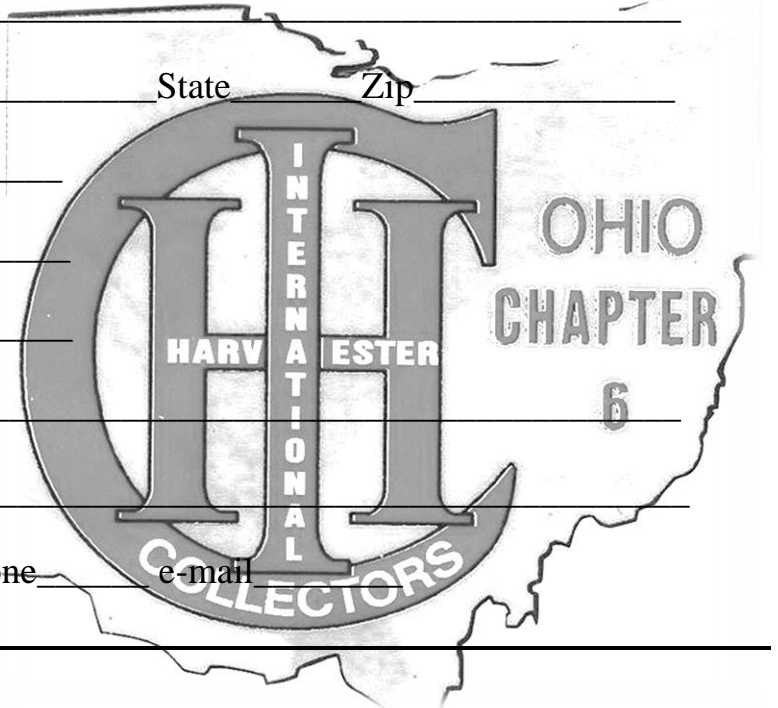
Home Phone _____

Cell Phone _____

E-mail _____

Address _____

Are any of the above new? Address _____ Phone _____ e-mail _____



Membership Status: New _____ Renewal _____ Reinstatement _____

Dues are: \$25 * (*\$15 National and \$10 State)

Due by June 30 each year

Membership includes 4 issues of Harvester Highlights and 4 issues of the Buckeye Binder

Amount Enclosed \$ _____ (Check # _____ Cash _____)

Membership Number: Ohio _____ National _____

Please return this form with a check payable to:

IHC Ohio Chapter 6

Dennis Wilson

Membership Secretary

9867 W. National Road

New Carlisle, OH 45344-8283

(937) 925-0236

Email: dwilson317@woh.rr.com