

2011 IMHOA
MEMBERSHIP FORM

N.A.M.E.: _____ **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