

Please use this form for your 2010 OCARC Membership

Date _____

Name(s) _____

Address _____

City, State & Zip Code _____

Phone - Home _____

Phone - Business _____

Email Address _____

May we send the newsletter to your email address? Yes No

If you are a new member please tell us how you first heard of the OCARC:

Check the appropriate blank

_____ \$25 Individual _____ \$30 Family Membership

Please enclose your check made out to the OCARC, Inc. and mail to:

OCARC Membership

P.O. Box 526

Port Washington, WI 53074-0526