County_____ **OHC Dues Summary** Date_____

Mail To:
JoEllen Reikowski, OHC Treasurer
P.O. Box 344
Middlebranch, OH 44652
330-806-3146
treasurer@ohconline.com

INSTRUCTIONS:
This form is an OHC official document and is required to accompany all memberships submitted to the OHC Treasurer. It must be completed legibly and in its entirety. Failure to comply will result in the entire packet being returned to you.

Member Name(s)	State Amount Due	Liability Insurance Amount	Total Amount Due State	Application Signed?
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Totals:	-	-	-	

(Please do not enter into the green areas (Any Totals columns or rows) - they will calculate for you)

If emailing membership forms and paying by PayPal, Please enter PayPal transaction ID number below

Submitted By:_____ Phone:_____
By signing this form, I certify that the information is correct and complete. Email: _____