



*Mail to:*  
Julia A Rhodes  
Secretary/Treasurer  
1024 Haley St.  
Van Wert, OH 45891  
julestar53@gmail.com

# Application

## DUES \$5.00

Name: \_\_\_\_\_

Local Association: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Membership Year: \_\_\_\_\_

Email: \_\_\_\_\_



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