County_____

OHC Dues Summary

Date_____

Mail To:
Sheila Craft, OHC Treasurer
7356 Township Rd 119
Fredericktown, OH 43019-9244
419-768-1248
ohctreasurer@gmail.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:	-	-	-	

(If you're using the Excel version of this form, please do not enter into the blue areas - they will calculate for you)

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

Phone:_____
Email: _____