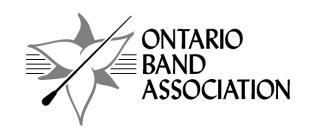
Membership Information Form



PLEASE PRINT & COMPLETE THIS FORM IN ITS ENTIRETY

Personal Information:				
Name:	Date:			
Home Address:				
City:	Postal Code:		Home/Cell Phone:	
Primary e-mail address:				
School/Corporate/Organi	zation Informa	tion:		
School/Organization Name: _			Board:	
Phone Number:				
* * * * * * * * * * * * * * * * * * * *	*******	********	********	*******
I agree to be contacted b	y e-mail by the O	BA Board of Dir	rectors and other OE	BA/CBA members.
I would prefer to receive the 0		· ·		
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * *	* * * * * * * * * * *	******	* * * * * * * * * * * * * * * * * * *
OBA Privacy Statement: The to time to promote awareness affiliated persons or organizate	of our programm	nes and services.	We do not offer our	ers will contact you from time membership list to any non-
I have read and understand th	e above policy: _	Signature		
**********	* * * * * * * * * *	********	*******	*******
Type of Membership				
Regular	\$ 55.00		Renewal	Donation to OBA of \$
Student/Retiree	\$ 35.00		New Member	included
Membership benefits: • Regular – voting status, OBA • Student/Retiree – OBA public	-			
T	ne OBA is a Registere	ed Charitable Organi	zation: 85699-6228 RR0	0001
******	******	********	******	*******