



MEMBERSHIP FORM



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MEMBER NAME *(or farm name)*

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ADDRESS

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CITY

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STATE

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ZIP

(            )

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PHONE

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EMAIL ADDRESS

MEMBERSHIP DUES (FOR ONE YEAR).....\$15/YEAR = \_\_\_\_\_

TOTAL ENCLOSED = \_\_\_\_\_

Make checks payable to the SOPHA, and mail to  
Rick VanFleet, SOPHA Secretary, 21989 State Rte. 78, Sarahsville, OH 43779.