



MEMBERSHIP FORM



MEMBER NAME *(or farm name)*

ADDRESS

CITY

STATE

ZIP

()

PHONE

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.