

AMHRO Membership Application

Mail to:
AMHRO
628 Drake Court
Streetsboro, Ohio 44241

Please complete the following:

_____ \$10.00 Annual Dues \$ _____ Donation

Membership good January 1st through December 31st of each year.

Checks should be made out to AMHRO

As a reminder, AMHRO is a 501(c)(3) Non-profit organization.
Thus, donations are greatly appreciated and are tax deductible under the IRS guidelines.

Total Amount Submitted _____

Check Number _____

Name _____

Address _____

City _____ **County** _____

Zip _____

Phone (____) _____

E-mail _____

Community Name _____