

CENTRAL OHIO HIKING CLUB

MEMBERSHIP APPLICATION

(Rev. 4/25/23)

Membership Desired: Single (\$18.00 annually)
 Couple (\$30.00 annually)

Applicant Information *(Please Print)*

First Name: _____ Last Name: _____

E-mail address: _____

Address (optional unless no e-mail) _____

Phone (optional) _____

Secondary Applicant *(If couple)*

First Name: _____ Last Name: _____

Membership Dues Please make check payable to: **CENTRAL OHIO HIKING CLUB**

Mail this form with payment to:

COHC
4934 HILLIARD GREEN DR.
HILLIARD, OHIO 43026