



OVConnect 2008 Membership Form

Name: _____
Last First Initial Prefix/Suffix

Organization: _____

Work Address: _____
Street City State Zip

Home Address: _____
Street City State Zip

Email: _____

Phone: _____

Birthday: _____

2008 Membership Dues: \$20 non-student \$10 student

Make checks payable to: OVConnect, Inc.

In the memo section please write: Membership Dues

Send checks to: Attn: OVConnect, P.O. Box 6808, Wheeling, WV 26003

Office Use:

Received: _____ Deposited: _____ Check #: _____ Cash [] _____