

Join the ORA / USRA

MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ HOME PHONE: _____

WORK PHONE: _____

E-MAIL ADDRESS: _____

HOME CLUB: _____

SIGNATURE: _____

(Parent or guardian if under 18 years of age)

Adult One Year \$50

Junior (21 & under) \$25

Amount Inclosed \$ _____

Please Send Application & Check
Made payable to:

ORA
6449 Lake Trail Dr.
Westerville, OH 43082