



SOUTHERN OHIO FORGE & ANVIL

MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

STREET: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: (_____) _____ - _____

E-MAIL: _____

Number of Years: _____ x \$10 per year = \$ _____

Method of Payment

CASH _____ CHECK # _____

check if applicant has previously been a SOFA member
(Please complete a form for each applicant.)

Please make checks payable to:

Southern Ohio Forge and Anvil
P.O. Box 727
Troy, Ohio 45373

The SOFA Membership Year runs from October 1st through the end of September of the following year. Members paying dues after June 1st will be credited through September of the following year. Memberships received October through the end of May will expire the end of September of that year.

FOR SOFA USE ONLY

Recd. by: _____ Date: _____

Entered: _____ Exp: _____