

MEMBERSHIP APPLICATION

First Name:		Last Name:						
Con	npany: _							
Add	lress:							
Ema	ail Addre	ess:						
Pho	ne Numl	oer: ()			Categ	ory:	
							(1-2 words to describe	your primary offering
>]	MEMBER	SHIP T	YPE					
		Regula	ar Meml	er	\$100			
					or Amusement			
			-		-	_	for the Memorial Fund:	
						ciary:		
			ADD SI	ouse+	\$50			
		Name:				Phone	2:	
		Email A	ddress: _					
				nber				
	Busines	ses who p	rovide pro	ducts or ser	vices to the in	dustry, & f	fairs, festivals, special ever	nts.
		Retire	d Memb	er \$40			Employee Member	\$25
	Retired	from outo	loor amus	ement busin	ess.	Employe	ee of regular GOSA membe	
> 1	MIII TI V	CAD MI	MDED	CILLE				
	MULTI Y l Regular and				oe paid in full v	with year o	one dues.	
•				e \$25.00)	o para m ram .	y car c	ADD+ \$75	
		Three	Year (Sa	ave \$50.00))		ADD+ \$150	
> 1	IOINT MI	MDED	CHIDC					
	JOINT MI We will colle			es to the sele	ected organizat	tion, savin	g you time & money!	
			-	es (Save \$	_	, ,	ADD+ \$100	
		ADD 0	FEA Du	es (Save \$	15)		ADD+ \$100	
>	ADVERT	ISING						
-						ge \$200	Half P	age \$100
						_	yer Guide Online Ma	U
	 Additional Yearbook Listings: #x \$3.00 Each = \$ 							
	Listings:							
	Listings	·						
(o Newsl	etter						
	Six issues published October through April plus periodic recognition through social media Full Page \$750 Quarter Page \$275 Half Page \$425 Eighth Page \$175							
	I	Full Pag	e \$750		Quarter	Page \$2	275 	
	I	talf Pag	e \$425		Eighth P	age \$17	75 	
					TOTA	L ENCL	OSED: \$	

Mail Dues & Application to: P.O. Box 43 Pataskala, OH 43062
Questions? GreaterOhioSA@gmail.com Phone: 740-739-9073

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