

Please print and mail with payment to the address below (or bring to next event):

**NEOOC**

**PO Box 5703**

**Cleveland, OH 44101-0703**

Membership is good for 12 months from the month of purchase.

Name(s):

Street:

Apt#:

City:

State:

Zip:

E-mail Address (all orienteering updates and notifications are via e-mail):

Phone (please provide your most used number):

Membership Type (please select two):

New Member

Individual \$15.00

Extra Contribution for improving maps: \$

Total enclosed: \$

Are you a current USOF member?

No

I am / We are willing to help with (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Course Design                | <input type="checkbox"/> Assist in course design       |
| <input type="checkbox"/> Event Director               | <input type="checkbox"/> Setting controls              |
| <input type="checkbox"/> Registration table           | <input type="checkbox"/> Computer Time keeper (ePunch) |
| <input type="checkbox"/> Mapping projects             | <input type="checkbox"/> Manual Time keeper            |
| <input type="checkbox"/> Club Publicity/Advertising   | <input type="checkbox"/> Helping with social events    |
| <input type="checkbox"/> Consider running for officer |  |