



Heart of Ohio Tole, Inc.

MEMBERSHIP APPLICATION

Membership year is from January 1 to December 31

New Member Year _____ Renewal For Year _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Cell Phone _____ OK to put in Membership Manual? Yes No

Birthday Month _____ Day _____ Receive newsletter by email? Yes No

Received Membership Manual By Email? Yes No

Spouse/Partner Name _____

Teacher? Yes No CDA MDA TDA Other _____

Are you a member of any painting group? If so, group name: _____

Heart of Ohio Tole, Inc. is a charitable, non-profit organization (501 (c) (3)). Membership with Heart of Ohio Tole, Inc. is open only to persons who submit an appropriate application and pay dues.

Heart of Ohio Tole, Inc. hereby gives notice that various paints, finishes and solvents will be used during meetings, seminars and conventions. Each participant is responsible for assessing their own potential risk of exposure to these products and their components before electing to participate in any event. Heart of Ohio Tole, Inc., its teachers and agents assume no liability for the participant's use or exposure to these paints, finishes or solvents; the same being specifically assumed by the participant.

New/renewal HOOT Membership dues are **\$20.00 annually** (US funds only). All correspondence outside the US will be transmitted electronically. New/renewal dues must be postmarked by December 1; this does not apply to new members. Checks/money orders should be made payable to Heart of Ohio Tole, Inc. If you are unable to come to a HOOT meeting to receive your membership card, it will be your responsibility to send us a self-addressed stamped envelope, so we can mail it to you. Add an additional \$5.00 if you wish to have your Membership Manual mailed to you.

If you wish to pay by credit card, select that option below. Once your membership form is received, an invoice will be sent to your email address for credit card payment. That invoice will guide you for secure payment processing via Square. Do not put your credit card information on the membership application.

This completed and signed application MUST accompany your payment, to:

Heart of Ohio Tole, Inc. Phone: 614-394-8028
Attn: Membership Chair Web: www.HeartOfOhioTole.org
P.O. Box 344 Email: HOOTTole@gmail.com
Westerville, OH 43086-0344

My signature on this application signifies that in accepting membership, I ratify, accept and agree to abide by the bylaws and standing rules of Heart of Ohio Tole, Inc., and observe faithfully the provisions thereof.

Signature Date

FOR OFFICE USE ONLY

Payment Type: Cash Check Credit Card

Check # _____ Amount \$ _____

Date Received _____ Postmark Date _____

Membership Card: Picked Up Mailed Membership Manual: Picked Up Mailed