



**OHIO ADULT CARE FACILITIES ASSOCIATION
INVOICE FOR MEMBERSHIP**

Membership dues are \$100.00, per year. Please make check payable to "OACFA"
OR dues may be charged to a Visa or Master Card by completing the following information:

Indicate: Visa _____ Master Card _____

Name on Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____

Name of Home Operator: _____

Name of Facility: _____

Address: _____

*(Include street,
City, Zip Code)* _____

E-Mail Address: _____

Phone Number: _____

**MEMBERSHIP DUES ARE JUST \$100 PER YEAR!!!
THANK YOU FOR YOUR SUPPORT!!!!!**

Mail completed membership form and check payable to OACFA:
Terry Russell, OACFA, P O Box 133, West Jefferson, OH 43162

(Rev.12/2011)