

F/F or Widow

Name _____ DOB _____

Address _____ City _____ St _____ Zip _____

Tele (____)- _____ Date Retired _____ Retired From: _____

Spouse's Name _____ DOB _____ Email Address: _____

4-Unit dues- - C.O. R. F. **10.00** (_____)

State dues-----P. F. R O. **25.00** (_____)

Donation to 4-Unit News (_____)

Decals 4-Unit **1.00/ea** (_____)

Decals State P.F.R.O. **1.00/ea** (_____)

2016 - 4 Unit Roster **5.00/ea** (_____)

Make Check payable to 4-Unit C.O.R.F. for dues in the amount of \$35.00, plus any other options selected and Mail to: **Bernie Cattrell, 497 Catawba Ave, Westerville, Ohio 43081**

(By using this application you do not have to pay any other dues)

TOTAL PAID \$ _____