

OHIO VIOLA SOCIETY

MEMBERSHIP FORM

Name: _____

Permanent Address: _____

City: _____ State: _____ :Zip: _____

Current Address:(if different) _____

City: _____ State: _____ Zip: _____

Home Phone:(_____) _____ Business Phone(_____) _____

E-Mail: _____ Fax#:(_____) _____

Type of Membership:

Regular(\$10): _____

Student(\$5): _____ (School attending: _____)

Donations to the OVS Competition:

Donald Crossley Memorial Viola Prize: \$ _____

Lawrence Bradford Memorial Viola Prize: \$ _____

Total Payable:(payable to OVS)

\$ _____ Date: _____

Is this a membership renewal? Yes: _____ No: _____

Do you wish to be included in the OVS local directory? Yes: _____ No: _____

Are you a member of the American Viola Society? Yes: _____ No: _____

**Please mail forms and payment to:
Carol Ross, OVS Membership Chair
21376 Creekside Drive
Strongsville, OH 44149**