

CORE MEMBERSHIP REGISTRATION FORM

Mail To: CORE, P.O. Box 167 Wilmington, OH 45177

County: _____ **New Member** ___(yes)

Last Name: _____

First Name:_____ **(Mr., Mrs., Ms., Dr.) Circle one**

Street Address: _____

City:_____ **State** _____ **Zip:**_____

Telephone Number: (____) _____

e-mail address: _____

**Do you want to receive CORE e-mail Alerts? Yes or No
(circle one).**

Amount of your donation: \$_____ (\$10.00 suggested)