

OMCA MEMBERSHIP APPLICATION PAGE

2007 OMCA MEMBERSHIP FORM

Dues are \$10.⁰⁰ per person / per year

Name: _____

Address: _____

Telephone Number: _____ E-Mail Address: _____

Send Your Payment To:
Ocean Medical Center Association
Attention: Mary Pasquale, Membership Chairperson
P.O. Box 904
Brick, NJ 08723-0016



***PLEASE TELL
FAMILY, FRIENDS, AND NEIGHBORS!***

****ALL MEMBERSHIP DUES GO TOWARD OUR CURRENT BUILDING PLEDGE****