

## Ohioans For Concealed Carry Application For Membership

**Yes! I want to become an OFCC member.** Along with my application I am enclosing a donation for:  \$25.00  \$50.00  \$100  \$500 or more: \$ \_\_\_\_\_

My donation is \$50.00 or higher, please send me a **free** OFCC Logo Blue Denim Shirt!  
(photo of shirt and details available on website. If you do not check this line and donated enough we'll assume you don't want the shirt)

Please indicate your shirt size below with an "X". Measurements represent Collar, Length, Sleeve. (length if long).  
**Shirts will be assumed long-sleeve** unless you check here indicating you prefer a short sleeve style: \_\_\_\_\_

X Small (15.5", 26.5", 31")       Medium (16.5", 32", 34.5")       X Large (17.5", 34", 37")       XXX Large (18.5", 35.5", 39")  
 Small (16", 28.5", 32.5")       Large (17", 32.5", 35.5")       XX Large (18", 34.5", 38")       XXXX Large (19", 36", 40")

### Applicant Information:

Name (print): \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_ (optional)  
(as it appears on your credit card, if paying via credit card)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

County: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(at least one number is required when paying by credit card)

### E-Mail List Options:

Yes! I want my email address added to the CCW-ALERT email notification mailing list consisting of urgent legislative notification and important events related to Ohioans For Concealed Carry. \_\_\_\_\_

Print your email address here **clearly**: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

### Payment Method: (Checks or money orders payable to: Ohioans For Concealed Carry)

I have enclosed a check or money order!

Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

*While we appreciate the convenience of using a credit card to make purchases and donations in this day and age, using a credit card results in OFCC getting less than 100% of your intended donation. By sending a check or money order you guarantee more of your donation is put towards the cause!*

I am charging my contribution to my MasterCard or Visa Card!

Card #: \_\_\_\_\_ CCV#: \_\_\_\_\_ Exp: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ (required)

Please include billing address on separate sheet if differs from address above. By signing here you agree to the cardholder agreement and authorize us to charge the amount indicated above to your Visa or Mastercard account within 30 days.

### How to return your application and contribution:

Please return this application and donation sheet in the envelope provided. If no envelope is available, use a regular #10 envelope and the address to the right:

*(Photocopy and share this application with friends first!)*

**Ohioans For Concealed Carry  
ATTN: Membership Processing  
P.O. Box 247  
Avon, OH 44011**

rev 2/9/09

This prospective member was referred by: \_\_\_\_\_  
**(print your full name, telephone number, and membership number if known)**