IDAHO MOUNTED ORIENTEERING MEMBERSHIP APPLICATION YEAR (1/1--12/31) _____ INDIVIDUAL (\$20)

	ereby apply for memb				
LAS	ST NAME <i>(please prir</i>	nt)	FIRST NAME (please	e print)	DOB (required if <18)
ADDDE OO					
ADDRESS:	Street/P.O. B	SOX	City	State	Zip Code
PHONE(S):			•		•
1110111(0).	Home	Work	Cell	E-mail	
Is it C	OK to publish vour nar	me. address. r	phone number(s) and E-ma	il address in th	ne club directory?
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	DUAL (\$20)			YEAR (1/112/31)
FAMILY	DUAL (\$20) Y (\$30—Includes child	dren under 21	years living at home)	YEAR (1/112/31) PAID:
FAMILY	DUAL (\$20) Y (\$30—Includes child Dereby apply for memb	dren under 21 pership and ag	years living at home) ree to comply with all rules	YEAR (DATE P of Idaho Mount	1/112/31) PAID: ted Orienteering.
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Make check or money order payable to Idaho Mounted Orienteering (or IMO) and mail to: Susan Harrison, Treasurer, P.O. Box 634 Fairfield, ID 83327

Checks returned for nonpayment will be assessed any fees charged to IMO.