

# Society for Old Ivory and Ohme Porcelains

## Membership Application

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Patterns & Pieces you are collecting: \_\_\_\_\_

Members fee; Single or Family= \$35.00 annual ( June 1st - May 31st)

Submit to:

Jeanette Brandt, SOIOP Treasurer  
20 884 County Road U  
Archbold OH 43502

Please check one of the following:

\_\_\_\_\_ I approve the publication of the information above in the Membership Roster which goes to all members.

\_\_\_\_\_ I do not want any of my information published in the Membership Roster.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For additional information, please email your questions to [membership@soiop.org](mailto:membership@soiop.org).