

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:

SOIOP Treasurer
1650 S.E. River Ridge Drive.
Milwaukee, OR 97222

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.