

CENTRAL OHIO HIKING CLUB

MEMBERSHIP APPLICATION

(Rev. 11/15/25)

Membership Desired: Single (\$20.00 annually)
 Couple (\$40.00 annually)

Applicant Information *(Please Print)*

Name: _____

E-mail address: _____

Address (optional): _____

Phone (optional): _____

Secondary Applicant (if couple)

Name: _____

E-mail address: _____

Phone (optional): _____

Mail this form with payment to:

COHC
4934 HILLIARD GREEN DR.
HILLIARD, OHIO 43026

Please make check payable to: **CENTRAL OHIO HIKING CLUB**