319 Nevada St | Auburn, Ca | 95603 | PO Box 5648 | Auburn, CA | 95604 | (530) 885-1624 | www.caloha.org

## **Interstate Membership Application**

		Park Inform	ation		
Park Name: _				_Join Date:	
Address:		City:		_State:	Zip:
Phone:			_Fax:		
Website:			_Email:		
Billing Addres	s (if different from above):				
City:			State:	Zip:	
Mailing Addre	ess (if different from above):				
City:			State:	Zip:	
		<b>Contact Infor</b>	mation_		
	Primary Contact :	☐ On-site Mgr ☐	Owner $\Box$	Mgt Company	
On-site M	lanager:				
Emai	l:		Phone:_		
Owner: _					
Conta	act:				
Emai	l:		Phone:_		
Addr	ess:				
City:_			State:	Zip:	
■ Managen	nent Company:				
Conta	act:		Title:		
Emai	:		Phone:_		
	ess:				
City:_			State:	Zip:	<u> </u>
	CalOHA Interstate Mo	omborchin Ratos—(	Current through	n Docombor 2	1 2022
ıı		•			1, 2023
#	•		•	•	m
Visa/MC:				_CSV#:	Exp:
Cardholder Na	me:				
Billing Address:		City:		_ST:Zip:	
Email (If reque	sting a receipt via email):				
Signature:				Date:	