



Membership Application

Please print clearly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Membership Levels

Renewing Membership Member number: _____

Individual Membership - \$45

Student Membership - \$25

Dual Membership - \$65

Friends & Family Membership - \$90

Contributor Membership - \$150

Donor Membership - \$500

Payment options: Check, Money Order, Visa or Mastercard

Total \$ _____

Card Number _____ Exp. Date _____

Zip code _____ CVC Code _____

Name on Card _____

Check/MO Number _____ Signature _____

Please mail this form to:

The Ohio State Reformatory
ATTN Membership Program
100 Reformatory Rd
Mansfield, OH 44905