

Ohio Al-A-Notes

Personal Subscription Form

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** ___ **ZIP:** _____

EMAIL ADDRESS: _____

PHONE #: _____

Circle one: **NEW** **RENEWAL**

Check #: _____ **Date:** _____

One Year \$3.50 _____ **Two Years \$6.75** _____

Make checks payable to: AFG of Ohio:

Mail check to:

**AFG of Ohio
P.O. Box 42084
Brook Park, Ohio 44142-0084**