

**GREATER CINCINNATI HANDBALL ASSN. (GCHA)
Member Information Form**

NAME _____

ADDRESS _____

CITY, ST, ZIP _____

HOME PHONE _____ WORK _____

CELL PHONE _____ FAX _____

EMAIL ADDRESS _____

EMPLOYER (optional) _____

WHERE DO YOU PLAY _____

Join today by mailing your \$25 check made out to "GCHA" to:

George Lehocky
GCHA Treasurer
6254 Lusanne Terr.
Cincinnati, OH 45230