

**PRINT this form, THEN fill it out & MAIL with Membership Dues
TO: OSA MEMBERSHIP DIRECTOR
(Address Below)**



Oceanside Senior Anglers



MEMBERSHIP: APPLICATION / RENEWAL / UPDATE
(circle ONE)

Date: _____

Name: _____ / _____
Last First Nickname Birthday mo/day/yr

Spouse: _____ / _____
Last First Nickname Birthday mo/day

Wedding Anniversary: _____ / _____
Month Day

Address: _____
Street City State Zip Code

Phone: (____) _____ - _____ **Cellphone:** (____) _____ - _____

E-mail: _____

Type of Fishing/Trips/Activities preferred: _____

Comments: _____

- **Membership Fee covers Member & Spouse for 1 calendar year, through Dec.31**
- **Renewals & New Memberships: \$25.00/Year (Includes Newsletter via email)**
- **Renewals for following year: due Oct .1, deadline Dec .31st**

RETURN COMPLETED APPLICATION, WITH FEE
Payable to **OCEANSIDE SENIOR ANGLERS, INC.**
OPTIONAL PHOTO for next Directory.

Paid Cash

Check #

Larry Knight
OSA Membership Director
4324 Pacifica Way Unit #1
Oceanside, CA 92056

Phone: (303) 437-5494
E-mail: Senioranglers@gmail.com