

**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/yr.

Wedding Anniversary: _____ / _____
Month Day

Address: _____
Street City State Zip Code

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

E-mail: _____

Have you ever been a member of OSA? Yes _____ No _____

Referred By: _____

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 web-site)**
- **Add \$15 for Newsletter to be mailed**
- **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 #

**Frank Moton
OSA Membership Director
1204 Las Nubes Ct
San Marcos, CA 92078**

**Phone: (858) 220-0388
E-mail: senioranglers2@gmail.com**