**PRINT this form, THEN fill it out & MAIL with Membership Dues**

**TO: OSA MEMBERSHIP DIRECTOR**

**(Address Below)**

#  Oceanside Senior Anglers

**2024 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: $30.00/Year (Includes Newsletter via web-site)**
* **Add $20 for Newsletter to be mailed**
* **Add $5 for mailing of Directory**
* **Renewals for following year: due Oct .1, deadline Dec .31st**

**RETURN COMPLETED APPLICATION, WITH FEE**

**Payable to OCEANSIDE SENIOR ANGLERS, INC. Paid Cash OPTIONAL PHOTO for next Directory.**

  **Check #**

 **Frank Moton**

 **OSA Membership Director**

 **1204 Las Nubes Ct Phone: (858) 220-0388 San Marcos, CA 92078 E-mail: senioranglers5@gmail.com**