

**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.**  
**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: senioranglers5@gmail.com**