



**Now Accepting New Members Ages 40-49**  
**Oceanside Senior Anglers**  
**Oceanside Senior Anglers Associate Program**

**2025 Application**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ / \_\_\_\_\_

**First**                      **Last**                      **Nickname**      **Birthday mo/day/yr**

**Spouse:** \_\_\_\_\_ / \_\_\_\_\_

**First**                      **Last**                      **Nickname**              **Birthday mo/day/yr**

**Wedding Anniversary** \_\_\_\_\_ / \_\_\_\_\_

**Month              Year**

**Address:** \_\_\_\_\_

**Street                                      City                      State              Zip Code**

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cellphone :(\_\_\_\_\_)** \_\_\_\_\_ - \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Type of Fishing/Trips/Activities preferred** \_\_\_\_\_

- **Associate Renewals & New Memberships: \$15.00/Year (Includes Newsletter via web-site)**
- **Add \$20 for Newsletter to be mailed**
- **Add \$5 for mailing of Directory**

**RETURN COMPLETED APPLICATION, WITH FEE**

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

**Paid Cash** \_\_\_\_\_  
**Check #** \_\_\_\_\_  
**Zelle** \_\_\_\_\_

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

**Phone: (858) 220-0388**  
**E-mail: senioranglers5@gmail.com**