



- New Member Application***
- Membership Renewal***

Thanks for your interest in the OSA. Simply complete this form and send it in with your check made payable to the Owasippe Staff Association. Thanks, we look forward to hearing from you!

Note: You must be 18 or older to be a member of the OSA & membership is subject to Board approval.

I hereby submit my application thus pledging my support of the OSA's purpose ...

NAME: _____ BIRTHDATE: _____

ADDRESS: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____

MARITAL STATUS: _____ SPOUSE'S NAME: _____

CHILDREN'S NAMES & AGES: _____

SERVICE AT OWASIPPE:

<i>Year</i>	<i>Camp</i>	<i>Position</i>

SIGNED: _____ DATE: _____

NOTES: _____

Mail to:
Owasippe Staff Association
attn. Membership
P.O. Box 7097
Westchester, IL 60154

- New Member..... \$20
- Renewal \$15
- Back Dues \$ _____
- Lifetime \$350

Make checks payable to:
 The Owasippe Staff Association