



- ☐ ***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 Owassippe 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:**

**Owassippe Staff Association  
attn. Membership  
P.O. Box 7097  
Westchester, IL 60154**

- ☐ New Member..... \$25  
☐ Renewal ..... \$20  
☐ Back Dues ..... \$ \_\_\_\_\_  
☐ Lifetime ..... \$350

Make checks  
payable to:  
The Owassippe  
Staff Association