

Membership Form

From July 1, 20 , to June 30, 20
\$10 annual membership
Name/s:
Street Address:
Mailing Address:
Phone &/ Mobile:
Email Address:
Web:
Declaration: I hereby apply become a member of OSCA and agree that in the event of an admission as a member, I agree to be bound by the rules of the Association for the time being in force.
Signature: Date:
As a member of the Association I nominate/second the above applicant for membership in OSCA.

Return this form & payment to OSCA.
We thank you for donations to assist OSCA in its work.

Pay OSCA by bank transfer: Summerland Credit Union BSB 728-728 Account 22212784 Reference: Your full name



1st Name: Signature:

2nd Name: Signature: