

Membership Application

Please Print Legibly

DATE: _____

FIRST NAME: _____ MI _____ LAST NAME: _____

ADDRESS: _____

CITY/ZIP: _____ NEIGHBORHOOD: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ ARE YOU A VETERAN? _____

IN CASE OF EMERGENCY NOTIFY

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ CELL PHONE: _____

Lifetime Membership Fee \$20.00__ Annual Membership Dues \$25.00__

TOTAL \$45.00

__ I give OCSC permission to notify me by Email: _____

Signature

__ I give OCSC permission to add my personnel information to the OCSC Member Directory.
Please select what information you would like listed below. Note: OCSC is not responsible for
your information after distribution: _____

Signature

Name: ____ Address: ____ Home Phone: ____ Cell Phone: ____ Email: ____ DOB: ____

OFFICE USE ONLY

DS: __ DB: __ Dues: __ Email: __ Chimp__ Badge__ City of Buda__ Dir__ CC __ Check __ Cash __