

## OCSC Membership Application

**Please Print Legibly**

DATE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ M I LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ COUNTY \_\_\_\_\_

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 MEMBERSHIP FEE \$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**

MS \_\_\_\_ DB: \_\_\_\_ Dues: \_\_\_\_ Chimp \_\_\_\_ Name Tag \_\_\_\_ City of Buda \_\_\_\_ Dir \_\_\_\_ Fob \_\_\_\_ Copy \_\_\_\_ Sal \_\_\_\_ Front \_\_\_\_ CC \_\_\_\_ Check \_\_\_\_ Cash \_\_\_\_