



Now Accepting New Members Ages 40-49

Oceanside Senior Anglers

Oceanside Senior Anglers Associate Program

Date: _____

Name: _____ / _____

First Last Nickname Birthday mo/day/yr

Spouse: _____ / _____

First Last Nickname Birthday mo/day/yr

Wedding Anniversary _____ / _____

Month Year

Address: _____

Street City State Zip Code

Phone: (____) _____ - _____ **Cellphone:**(____) _____ - _____

E-Mail: _____

Type of Fishing/Trips/Activities preferred _____

\$10.00 fee covers Associate and spouse for 2020 calendar year.

Return Completed application, with fee

Payable to Oceanside Senior Anglers, INC.

Mail to: Larry Knight OSA Membership Director

4324 Pacifica Way Unit #1

Oceanside, CA 92056