

MEMBERSHIP APPLICATION FORM

**Okanagan Similkameen Conservation Alliance (OSCA)
113-437 Martin Street, Box 349, Penticton, BC, V2A 5L1**

Full Name: _____

Date: _____

If you are signing for an organization, please provide a contact name.

Organization Name (if applicable): _____

Address: _____

City: _____ **Province:** _____ **Postcode:** _____

Contact Number: _____ **Fax:** _____

E-mail Address: _____

Note: The OSCA Membership year runs from July 1st to June 30th. Any membership purchased after April 1st of each year is valid until June 30th of the following year. Fees include all taxes.

Please Indicate the Type of Membership Required:

Individual	(1 vote)	\$15.00	_____
Family	(2 votes)	\$20.00	_____
Organization	(1 vote)	\$25.00	_____
Senior/Student/Youth	(1 vote)	\$10.00	_____

Low income pay what you can \$ _____ *(vote is equivalent to appropriate category)*

Signature: _____ **Total Amount Enclosed*:** _____

Note for Gift Card (if this is a 'Gift Membership'): _____

**Please enclose a cheque made payable to 'OSCA' and mail to the address at the top of this application form. Thank you!*