

OSAA 2009 Membership Renewal Form

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Year Joined OSAA: _____

Payment Information

Regular Membership Dues Are: \$75

Associate Membership Dues Are: \$35

Enclosed is a check # _____ payable to OSAA.

Pay by Credit Card, indicate type: AMEX VISA MC Discover

Card Number: _____ Exp. Date: _____

Name on card: _____

Address of Card Holder: _____

City: _____ State: _____ Zip: _____

Signature: _____

PLEASE COMPLETE THIS FORM AND RETURN WITH PAYMENT TO:

BY MAIL: OSAA, 306 E. MAIN STREET, STE 102, ROUND ROCK, TX 78664

BY FAX: 512-671-3638

BY EMAIL: OSAA@AUSTIN.RR.COM

QUESTIONS CALL OSAA HEADQUARTERS: 512-671-3637

OSAA OFFICE ONLY: DATE RENEWED _____

Thank you for renewing your OSAA Membership, we appreciate your continued support!