

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (    )                      Email \_\_\_\_\_

New       Renewal       Basic Membership..... \$10

I'd like to volunteer       Sponsor..... \$50 to \$99

I'm not joining yet, but add  
me to your mailing list       Friend..... \$100 to \$499

Life.....Minimum of \$500

Make your tax-deductible check payable to: "OCPA."

Renew at the door or print and mail this form to: OCPA, P.O. Box 2088, Oswego, NY 13126