

Ohio Association of Soil & Water
Conservation District Employees
www.oaswcde.org



2017 Membership Application

Name _____ Job Title _____

Agency/Office _____ Area _____

Please complete the following information and return to
Caitlin Botschner 320 East Silver St., Lebanon, OH 45036.

Yes! I would like to support the OASWCDE scholarship fund
and help send a deserving student of a SWCD employee to college.

- _____ \$5
- _____ \$10
- _____ \$15
- _____ \$20
- _____ Other



- Soil & Water Conservation District employee membership _____ \$15
- Affiliate membership _____ \$10

Please make check payable to OASWCDE. _____ TOTAL ENCLOSED

We welcome your input. Please use this space to give us your ideas and/or to indicate your
interest in serving as a director or as an OASWCDE representative on a committee.

Please indicate your preferred contact: _____ Business _____ Home

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Mobile Phone _____

Email _____

Thank you!