

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



2017 District Sponsored Membership Form

District Name _____ Area _____

Street Address _____

City _____ State _____ Zip Code _____

Please list all employees whose memberships will be sponsored for 2017.

*NOTE: Please have each employee complete a
2017 OASWCDE Membership Application Form to enclose with this form.*

Total number of 2017 memberships _____ x \$15 per membership = _____
amount due

Make check payable to OASWCDE and mail with forms to:

Bonnie Dailey
OASWCDE Treasurer
557A Sunbury Road
Delaware, OH 43015

