

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



2018 District Sponsored Membership Form

District Name _____ Area _____

Street Address _____

City _____ State _____ Zip Code _____

Please list all employees whose memberships will be sponsored for 2018.

*NOTE: Please have each employee complete a
2018 OASWCDE Membership Application Form to enclose with this form.*

Total number of 2018 memberships _____ x \$15 per membership = _____
amount due

Make check payable to OASWCDE and mail with forms to:

Kelly Crout
OASWCDE Treasurer
1802 Princeton Rd., Ste. 300
Hamilton, OH 45011

