

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



2020 Membership Registration Form

Name _____ Job Title _____

Email: _____

Agency/Office _____ Area _____

Address _____

City _____ State _____ Zip Code _____

Is this a District Sponsored Membership? Yes _____ No _____

Soil & Water Conservation District employee membership _____ \$15

Affiliate membership _____ \$10

Yes! I would like to support the OASWCDE scholarship fund: _____ \$5
_____ \$10
_____ \$15
_____ \$20
_____ Other

Please make check payable to OASWCDE. _____ TOTAL ENCLOSED

Send all forms with payment to Kelly Crout, 1802 Princeton Rd., Ste. 300, Hamilton, Ohio 45011

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

If you selected home, please provide the following:

Street Address _____

City _____ State _____ Zip Code _____

Mobile Phone _____ Email _____

***Please have each employee fill out a membership form to be enclosed with payment* Thank You**