

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



2025 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

All dues must be received by April 1, 2025.

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**