



AFFILIATE MEMBERSHIP APPLICATION FORM

Organization Name _____

Address _____

City _____ State _____ ZIP _____

Website Address _____ Number of Members _____

Public Events _____

Objectives or Purposes _____

President/Director or Contact Person _____

Email address _____

Phone _____

Annual Dues are \$10.00.

Make check payable to OSFGC, Inc. and mail to the OSFGC Treasurer:

Nita Wood
2678 Brooks Avenue NE
Salem OR 97301-0003
nlwood2@comcast.net

**APPLICATION WILL BE FORWARDED TO THE MEMBERSHIP CHAIRMAN
FOR APPROVAL BY THE OSFGC, INC. BOARD OF DIRECTORS.**