



Ogemaw Hills Sportsmen Association
2025 W M-55
West Branch, MI 48661

Membership #

Mailing Address: PO Box 471, West Branch, MI 48661

This Application is for a calendar year and will not be prorated - Jan thru Dec. Year _____
Membership Application ___ New ___ Renewal

Full Name (First Middle Last) _____
Street Address _____
City _____ State _____ Zip _____
Phone (____) _____ Birthdate ____/____/____
Email Address _____



Annual OHSA Membership Includes RCAP Park Pass

Circle one - \$50 for individual or \$75 for family \$ _____
Purchase the Annual RCAP Daily Use Pass for \$50.00 \$ _____

or

A **\$5.00** Daily Use fee is applicable to all attendees of the RCAP **TOTAL \$** _____

Please make checks payable to Ogemaw Hills Sportsmen Association or OHSA

Please List Family Members- (Children 18 years and over must purchase their own Membership)

Name _____	Birthdate _____
Name _____	Birthdate _____
Name _____	Birthdate _____
Name _____	Birthdate _____
Name _____	Birthdate _____
Name _____	Birthdate _____

Applicant's Signature _____ Date _____

Signature certifies that the applicants will abide by Bylaws and all Standard Operating Procedures & Safety Guidelines.

Look us up at:

www.ogemawhillssportsmen.com

Facebook: Ogemaw Hills Sportsmen Association

Contact us by phone at: 989-312-5570



All By-Laws, Standard Operating Procedures and Safety Regulations are available upon request or on our Website.

For office use only	
Application received by _____	Payment received by _____
Recorded by _____	Date _____
Park Pass - New/ Renewal accepted at Meeting Date _____	