



Membership Application

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Membership is \$40.00 per family for the year. Membership dues are payable each year in May. Meetings are the 2nd Saturday of each month.

If you have any questions please contact Erika Tuesca, email: osceolaair@aol.com or by cell: 407-556-5459

Mail application with check to: Osceola Airboat Association
PO Box 701446
St. Cloud, FL 34770