



President & Secretary-Treasurer 2019 CONTACT FORM

County/District/Region: _____

PRESIDENT (Full Name and Address):

Name: _____

Address: _____

_____ Postal Code: _____

Phone: () _____ Fax: () _____

E-Mail: _____

SECRETARY-TREASURER (Full Name and Address):

Name: _____

Address: _____

_____ Postal Code: _____

Phone: () _____ Fax: () _____

E-Mail: _____

Return completed form to: Amber Van De Peer
OSCIA
1 Stone Road West
Guelph, Ontario, N1G 4Y2
FAX: (519) 826-4224 OR avandeppeer@ontariosoilcrop.org

Contact Information: Would you prefer your local association's contact on the OSCIA website be your President or your Secretary/Treasurer (name, email and phone number will be listed)?

Contact Choice: _____