

NAME (please print) \_\_\_\_\_

LIST # \_\_\_\_\_ GRADE \_\_\_\_\_ SS# \_\_\_\_\_

AGENCY \_\_\_\_\_

OFFICE PHONE# \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

DATE OF PROMOTION \_\_\_\_\_ DATE OF CNS \_\_\_\_\_

TITLE BEFORE PROMOTION \_\_\_\_\_

ARE YOU A new MEMBER OF OSA AS AN ASSOCIATE STAFF ANALYST

YES       NO

Note Fax # is (212) 686-1231 or (212) 679-2737

Attention Sheila or George

or

Send in enclosed envelope