** Membership Form**

(revised August 2021)

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|  | Please fill in your information in the blank spaces below. | |
| Full Name (first and last) |  | |
| Home Address (address, city, state, zip) |  | |
| Personal Phone Number |  | |
| Personal Email |  | |
|  | | |
| Employer |  | |
| Work Address (address, city, state, zip) |  | |
| For OED employees only: Section # |  | |
| Work Phone Number |  | |
| Work Email |  | |
| Preferred Email Contact Method | Personal Email  Work Email | |
|  | | |
| Membership Options | Full Membership ($96 per year)  Retiree ($50 per year) | |
| Payment Options | I am an employee of the OED. Please invoice OED for my dues.  Pay by Check. Include this completed Membership Form, a check payable to IAWP Oregon, mail to IAWP Oregon, 14845 SW Murray Scholls Dr, Ste 110, PMB 520, Beaverton, OR 97007.  Pay by Credit Card. Please email [info@iawporeogn.org](mailto:info@iawporeogn.org.for) for details.  I do not work for OED. Invoice my employer. Please provide your employer’s name and address on the lines below for invoicing purposes.  Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | |
| I am interested in: | Membership Community Events  Retiree Events Awards and Recognition  Newsletter Educational Events  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Did a current member encourage you to join? If so, who: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Signature | | Date |