** 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 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 |