



Oregon Fire Service Office Administrators

MEMBERSHIP APPLICATION

RENEWAL NEW

DISTRICT/DEPARTMENT/AFFILIATION

Office Use Only

- Pd ck# _____
- Yr _____
- Database
- Enews
- Website

For Office Use Only

MEMBER NO. _____ REGION _____ MEMBERSHIP TYPE ACTIVE ASSOCIATE LIFE

FIRST NAME LAST NAME EMPLOYMENT DATE

DEPARTMENT/AGENCY NAME COUNTY

CEO/CHIEF WEBSITE

PHONE _____ FAX _____ EMAIL _____

DEPARTMENT MAILING ADDRESS DEPARTMENT/AGENCY STREET ADDRESS

DEPARTMENT/AGENCY MAILING CITY/STATE/ZIP DEPARTMENT/AGENCY STREET CITY/STATE/ZIP

EMPLOYMENT STATUS

- | | | | | | |
|--|------------------------------------|--|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> FULL TIME | <input type="checkbox"/> PART TIME | <input type="checkbox"/> RFPD | <input type="checkbox"/> CITY DEPT | <input type="checkbox"/> PRIVATE INDUSTRY | |
| <input type="checkbox"/> NOTARY PUBLIC | | <input type="checkbox"/> CAREER | <input type="checkbox"/> VOLUNTEER | <input type="checkbox"/> COMBINATION | |
| <input type="checkbox"/> RESPONDER | | <input type="checkbox"/> TRANSPORTING AGENCY | <input type="checkbox"/> FIRE MED | <input type="checkbox"/> UNION | <input type="checkbox"/> NON-UNION |

ARE YOU INTERESTED IN SERVING ON A COMMITTEE OR SUB-COMMITTEE?

IF SO, PLEASE CHECK THE BOX BELOW AND THE COMMITTEE CHAIR WILL CONTACT YOU.

- | | | | | |
|---|--------------------------------------|--------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> PROTOCOL | <input type="checkbox"/> CONFERENCE | <input type="checkbox"/> ACCREDITATION | <input type="checkbox"/> WORKSHOP |
| <input type="checkbox"/> MEMBERSHIP | <input type="checkbox"/> WEBSITE | <input type="checkbox"/> HOSPITALITY | <input type="checkbox"/> GOOD WILL | |
| <input type="checkbox"/> COMMUNICATION / NEWSLETTER | <input type="checkbox"/> MERCHANDISE | <input type="checkbox"/> NEW-TO-YOU | | |

• PLEASE LIST ANY TRAINING SUBJECTS THAT WOULD HELP YOUR JOB DEVELOPMENT AND SKILL LEVEL:

It is understood and agreed that I will abide by the bylaws adopted by the Oregon Fire Service Office Administrators, and that I will make every effort to take an active part in the organization.

DATE _____ SIGNATURE _____

MAKE CHECKS PAYABLE TO:
OREGON FIRE SERVICE OFFICE ADMINISTRATORS

Mail Application and Check to:

OFSOA - Treasurer
1284 Court Street
Salem, OR 97301
www.ofsoa.com
Revised 1/2014

DUES ARE \$30
Membership Year is July 1st to June 30th
Federal Tax ID 93-1099376
treasurer@ofsoa.com

MISSION:

**To Support Oregon Fire Service Office
Personnel Through Education and
Networking**

"Sharing a Standard of Excellence"