



[www.oamr.org](http://www.oamr.org)

# OAMR MEMBERSHIP APPLICATION 2010

Membership dues are for the calendar year beginning on January 1 of each year. Please complete the form and mail to the address below with a check made payable to Oregon Association of Municipal Recordors.

- **FULL OR ADDITIONAL FULL MEMBER DUES \$50.00**
- **ASSOCIATE or CORPORATE MEMBER DUES \$35.00**
- **RETIRED MEMBERS \$25.00**  
(Refer to the website for description of Member under Bylaws)

Name \_\_\_\_\_ Date of Birth (Mo/Day) \_\_\_\_\_  
 Title \_\_\_\_\_ CMC or MMC Designation \_\_\_\_\_  
 Municipality/Agency \_\_\_\_\_ County \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Street Address \_\_\_\_\_  
 City / Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax Number \_\_\_\_\_  
 E-mail \_\_\_\_\_

Is membership with OAMR a **RENEWAL**  or **NEW**

**RENEWAL** - Were you previously an OAMR member and currently employed with another city/agency?

No  Yes  If yes, what City / Agency? \_\_\_\_\_

**NEW** - Were you referred to OAMR?

No  Yes  BY WHOM: \_\_\_\_\_  
Name & City / Agency

If **NEW**, are you taking the position of another paid OAMR member who is no longer employed by this city/agency or who no longer wants to be a member?

No  Yes  If so, what member? \_\_\_\_\_  
Name & City Agency

**TOTAL DUES** \$ \_\_\_\_\_

*(Transferability of Membership - if the city / agency has paid for the current calendar year - No Charge)*

(Refer to the website for Transferability of Membership under Bylaws)

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Voluntary Donation to OAMR General Education Fund \$ \_\_\_\_\_  
 Voluntary Donation to the Kathy Ishiara Education Fund \$ \_\_\_\_\_  
 OAMR Name Tag w/logo (\$10.00) *Specify name if different from above* \$ \_\_\_\_\_

**TOTAL AMOUNT PAID** \$ \_\_\_\_\_

FOR OFFICE USE ONLY

**Please fill out form electronically then print and RETURN TO:**

**Kitty Vodrup, CMC**  
OAMR Membership Chair  
City of Junction City  
PO Box 250  
Junction City OR 97448

FOR OFFICE USE ONLY	
Date Received _____	20____
Amount Paid \$ _____	Check No. _____
Receipt No. _____	