



SIGN UP NOW FOR AN OAMR COMMITTEE

OAMR thrives due to the volunteer dedication of our various committee teams – and you can be a part of it! Getting involved in an OAMR committee is a great way to network with fellow City Recorders, share ideas, make new friends, receive certification points, and contribute to the organization that represents and supports you and all of your colleagues in Oregon! Do you need to learn more about a certain subject, like records management? Joining a committee allows you to learn more about subjects that you are interested in!

With all the advances in technology, being involved has become easier. Most committees conduct their meetings either through email, phone, or zoom so it's a great time to get out there and get involved! Please consider getting involved with a committee, or two, or three, however many you like! Full committee descriptions are available on the OAMR website at www.oamr.org.

Sign up for your favorite committee, complete the form below and return to President Cathy Nelson, CMC. Don't forget that if you received a scholarship you must sign up for the Conference or the Special Projects/Fundraising Committees to be eligible for future scholarships.

OAMR Committees: (check each one you want to join)

- | | |
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| <input type="checkbox"/> Audit | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> City Recorder's Procedure Manual | <input type="checkbox"/> Nominating |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Professional Growth & Leadership Development |
| <input type="checkbox"/> Education | <input type="checkbox"/> Records Management |
| <input type="checkbox"/> Historical Preservation | <input type="checkbox"/> Retired Clerks |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Legislative | <input type="checkbox"/> Special Projects/Fundraising |
| <input type="checkbox"/> Membership | |

Name: _____ City/Region: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____

Send completed form to: Cathy Nelson, CMC
OAMR President
City of Harrisburg
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