



Oregon Fire Service Office Administrators MEMBERSHIP APPLICATION

RENEWAL NEW

DISTRICT/DEPARTMENT/AFFILIATION

For Office Use Only

MEMBER NO. _____ FIRE DEPARTMENT ID # _____

MEMBERSHIP TYPE

REGION _____ BOARD MEMBER _____

ACTIVE ASSOCIATE LIFE

FIRST NAME _____

LAST NAME _____

EMPLOYMENT DATE _____

PHONE _____

FAX _____

EMAIL _____

MAILING ADDRESS _____

EMPLOYMENT STATUS

CITY _____

STATE _____

ZIP _____

FULL TIME

PART TIME

NOTARY PUBLIC

RESPONDER

SOFTWARE

WORD PROCESSING

- MS WORD
- WORD PERFECT
- OTHER: _____

DATA BASE

- ACCESS
- PARADOX
- FILE MAKER PRO
- OTHER: _____

SPREAD SHEET

- EXCEL
- LOTUS
- QUATTRO PRO

ACCOUNTING

- QUICKBOOKS
- QUICKEN
- SPRINGBROOK
- OTHER: _____

DESKTOP PUBLISHING

- PUBLISHER
- PAGE MAKER
- PRINT MASTER
- OTHER: _____

JOB RESPONSIBILITIES

- ACCOUNTS PAYABLE
- ACCOUNTS RECEIVABLE
- AMBULANCE BILLING
- ALARM PROCESSING
- ATTORNEY INTERACTION
- BOARD INTERACTION
- BUDGETING
- CONTRACTS
- PAYROLL
- PERSONNEL RECORDS
- TRAINING RECORDS
- VOLUNTEER INTERACTION
- WEB PAGES
- DESKTOP PUBLISHING
- OTHER: _____

INCIDENT/TRAINING REPORTING

- CERTRIGHT (QUICK CODES)
- OAIRS
- SUN PRO
- FIREHOUSE
- OTHER: _____

OPERATING SYSTEM

- MS WINDOWS
- MACINTOSH
- OTHER: _____

OTHER SOFTWARE (SPECIFY MODULES OR SPECIFIC APPLICATION)

- OUTLOOK OTHER _____
- WORKS _____
- POWER POINT _____
- PHOTO DRAW _____
- SWEET SOFT _____

DEPARTMENT/AGENCY INFORMATION ON
REVERSE

FDID (FIRE DEPARTMENT ID – FOR FIRE REPORTING) _____

DEPARTMENT/AGENCY NAME _____

CEO/CHIEF _____

COUNTY _____

PHONE _____ FAX _____

EMAIL _____ WEBSITE _____

DEPARTMENT/AGENCY MAILING ADDRESS _____

DEPARTMENT/AGENCY STREET ADDRESS _____

DEPARTMENT/AGENCY MAILING CITY/STATE/ZIP _____

DEPARTMENT/AGENCY STREET CITY/STATE/ZIP _____

DEPARTMENT/AGENCY STATISTICS

NUMBER OF STAFF: CAREER _____ VOLUNTEER _____ ADMINISTRATIVE _____

SIZE OF RESPONSE AREA: FIRE _____ ASA _____ NUMBER OF STATIONS: _____ NUMBER OF APPARATUS: _____

BUDGET YEAR _____ TOTAL ANNUAL BUDGET \$ _____ PERSONAL SERVICES BUDGET \$ _____
(EX: FY 02-03)

RFPD CITY DEPT PRIVATE INDUSTRY

CAREER VOLUNTEER COMBINATION

TRANSPORTING AGENCY FIRE MED

UNION NON-UNION

- ARE YOU INTERESTED IN SERVING ON A COMMITTEE? PLEASE INDICATE.

___ EDUCATION ___ COMMUNICATION ___ PROTOCOL ___ MEMBERSHIP ___ CONFERENCE ___ WEBSITE

- WOULD YOU LIKE TO BE MORE INVOLVED IN OFSOA? _____ IF SO, IN WHAT WAY? _____

- PLEASE LIST ANY TRAINING SUBJECTS THAT WOULD ENHANCE YOUR JOB DEVELOPMENT AND SKILL LEVEL:

- LIST ANY SPECIAL SKILLS THAT YOU HAVE: _____

- SPECIAL INTERESTS: _____

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

DUES ARE \$30

Federal Tax ID 93-1099376

Membership Year is July 1st to June 30th

Mail Application and Check to:

OFSOA - Treasurer

1284 Court Street

Salem, OR 97301

www.ofsoa.com

treasurer@ofsoa.com

MISSION:

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

“Sharing a Standard of Excellence”