



# 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**

### MISSION:

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

*"Sharing a Standard of Excellence"*

### Mail Application and Check to:

OFSOA - Treasurer  
1284 Court Street  
Salem, OR 97301  
[www.ofsoa.com](http://www.ofsoa.com)  
Revised 1/2014

**DUES ARE \$40**  
Membership Year is July 1<sup>st</sup> to June 30<sup>th</sup>  
Federal Tax ID 93-1099376  
[treasurer@ofsoa.com](mailto:treasurer@ofsoa.com)