

2009-2010 OSFMA Membership

Oregon School Facilities Management Association

PO Box 1474, Scappoose, OR 97056-3106

800-799-6159, OSFMA@OSFMA.ORG

Invoice

Please print

Date: _____

Name: _____ Title: _____

School District: _____

Work Mailing Address: _____

City: _____ State: _____ County: _____ Zip: _____

Email (required): _____ Phone: () _____ Fax: () _____

DUES:

2009—2010 Membership Dues Enclosed (This form not for Vendors)

New Member Application **** Please answer the questions at the bottom of this form.**

Renewing Member (**member since**) _____

Active Member

Associate Member

\$ 35.00

**** New Members - Briefly answer the following questions:**

1. List areas of responsibilities.

2. Are you responsible for budgeting, evaluations, and operations?

3. Check one box:

Classified

Confidential Exempt

Administrative

Make checks payable to OSFMA and remit to PO Box 1474, Scappoose. OR 97056

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