

# 2012-2013 OSFMA Membership

Oregon School Facilities Management Association

PO Box 1474, Scappoose, OR 97056-3106

800-799-6159, OSFMA@OSFMA.ORG

Please print

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

School District: \_\_\_\_\_

Work Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (required): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

## DUES:

2012—2013 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) \_\_\_\_\_

\$ 35.00

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

1. List areas of responsibilities.

\_\_\_\_\_  
\_\_\_\_\_

2. Are you responsible for: (check all that apply)

budgeting       evaluations       operations       supervision

3. Check one box:

Classified       Confidential Exempt       Administrative

4. Who referred you to OSFMA? \_\_\_\_\_

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