

2008-2009 OSFMA Vendor Membership

Oregon School Facilities Management Association

PO Box 1474, Scappoose, OR 97056-3106

800-799-6159, OSFMA@OSFMA.ORG

Invoice

Please print

Date: _____

Company: _____

Name: _____ Title: _____

Type of Business: _____

Business Mailing Address: _____

City: _____ State: _____ Country: _____ Zip: _____

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

Describe Product or Service: _____

DUES:

• 2008-2009 Vendor Member Fee: New Member Renewal—Member Since: _____ \$ **50.00**

Payment Enclosed: \$ _____

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

Phone: 800-799-6159

E-mail: osfma@osfma.org