

# 2011-2012 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:

2011—2012 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: (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  
800-799-6159 \* WWW.OSFMA.ORG \* OSFMA@OSFMA.ORG