

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) _____

\$ 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