

Date ____ / ____ / ____

OREGON STAMP SOCIETY, INC.
4828 NE 33rd Ave., Portland, OR 97211-7058

- Regular
- Associate
- Youth

APPLICATION FOR MEMBERSHIP

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Day _____ Home _____ Email _____

OCCUPATION: _____

HOW DID YOU LEARN OF THE OREGON STAMP SOCIETY?

STAMP COLLECTING INTERESTS:

ARE YOU AN APS MEMBER? _____

IF YES, PLEASE LIST YOUR APS MEMBERSHIP NUMBER _____

MEMBER OF WHICH OTHER STAMP SOCIETIES:

Proposed by (OSS Member or Secretary) _____

STATEMENT TO BE SIGNED: I shall hold no member of the Oregon Stamp Society or the Society itself liable in any manner whatsoever in the functioning of the Society.

(Applicant must be of legal age, or provide a signature from their legal guardian).

If parent or legal guardian signing, also print name: _____

Signature _____

I enclose \$ _____ for dues according to the table on the back side of this form.

(All information is confidential)

REGULAR MEMBER (Resident of Multnomah, Clackamas, Washington, and Clark County):

Month of Application	Amount to Remit
January, February, March, April	\$26.00
May, June, July, August	\$16.00
September, October, November, December	\$35.00 *

ASSOCIATE MEMBER (Resident outside the above area):

Month of Application	Amount to Remit
January, February, March, April	\$24.00
May, June, July, August	\$15.00
September, October, November, December	\$30.00 *

YOUTH MEMBER (Under the age of 18, requires parental permission):

Month of Application	Amount to Remit
January, February, March, April	\$24.00
May, June, July, August	\$15.00
September, October, November, December	\$30.00 *

* Includes dues for following year.