



OREGON SOCIETY OF ASSOCIATION MANAGEMENT

# Oregon Society of Association Management MEMBERSHIP APPLICATION

To apply for membership in the Oregon Society of Association Management, please complete this entire application and return it to the OSAM office with your dues payment. Dues are based on anniversary year (the date you apply and last for one year). By applying for membership in OSAM, you agree to abide by its bylaws, support its objectives, attend meetings whenever possible, pay the established dues and adhere to such rules as may be adopted.

## Membership Options – Select ONE category/option in this section

Select your membership category and type below (corporate memberships are per association or per location/facility for allied members). Please complete the next page to add corporate member representatives (primary is below). Per OSAM bylaws, each applicant will be assessed a one-time \$20 processing fee.

**ASSOCIATION Membership:** Association Members of the Society may be either (i) the salaried chief executive officers and administrative staff of industry, professional, trade, civic, charitable, education, philanthropic, technical or similar type organizations having dues paying members ("Individual Association Members"); or (ii) membership organizations (e.g., trade associations, CVBs, etc.) that employ persons eligible to be Individual Members, including Association Management Companies ("Corporate Association Members"). Individual Association Members must devote a major part of their working hours to association staff responsibilities. Association Members shall be entitled to all rights and privileges of Society membership including voting and holding elective office, provided that (i) Corporate Association Members shall only be entitled to one vote on matters presented to the Society's members for a vote; and (ii) only one representative of a Corporate Association Member shall be eligible to serve at one time on the Society's Board of Directors.

I am applying as (check one):  Corporate Association Member\* - \$495 -or-  Individual Association Member - \$295

**ALLIED Membership:** Allied Members may be either (i) representative(s) of a firm or corporation that provide facilities, products, or services to Association Members ("Individual Allied Members"); or organizations that provide facilities, products, or services to Association Members ("Corporate Allied Members"). Allied Members shall be entitled to all rights and privileges of Society membership including voting for Allied Members to serve on the Society's Board of Directors, provided that (i) Corporate Allied Members shall only be entitled to one vote on matters presented to the Society's members for a vote; and (ii) only one representative of a Corporate Allied Member shall be eligible to serve at one time on the Society's Board of Directors.

I am applying as (check one):  Corporate Allied Member\* - \$495 -or-  Individual Allied Member - \$350

## Profile Information: (For OSAM website/listing purposes)

SELECT ONE:  Mr.  Mrs.  Ms.  Dr.

Full Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

If applying for Corporate Membership, this individual will be the PRIMARY member. Include all suffixes and designations such as CAE, CMP, Jr., etc.

Association/Company: \_\_\_\_\_

Address (include Dept./Mail Stop): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Email (required): \_\_\_\_\_

Business/Daytime Phone: \_\_\_\_\_ Business Cell: \_\_\_\_\_

Website: \_\_\_\_\_ Toll Free: \_\_\_\_\_ Fax: \_\_\_\_\_

## Mailing Address: (For printed mail correspondence)

Same as Profile address above.

Address (include Dept./Mail Stop): \_\_\_\_\_

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

## \*Corporate Member Representative Information

Please complete for each member representative from your organization for corporate memberships. You may add as many individuals at your organization (location) as you'd like. Attach any additional pages with this information to add more members.

**Administrative Contact (only) Full Name** \_\_\_\_\_

Email (required): \_\_\_\_\_

*Administrative contacts receive dues renewals and confirmations for transactions processed through the association/organization (corporate) record.*

**Full Name** (include all designations): Mr. Mrs. Ms. Dr. \_\_\_\_\_

Position Title: \_\_\_\_\_ Business/Daytime Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_

**Full Name** (include all designations): Mr. Mrs. Ms. Dr. \_\_\_\_\_

Position Title: \_\_\_\_\_ Business/Daytime Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_

**Full Name** (include all designations): Mr. Mrs. Ms. Dr. \_\_\_\_\_

Position Title: \_\_\_\_\_ Business/Daytime Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_

**Full Name** (include all designations): Mr. Mrs. Ms. Dr. \_\_\_\_\_

Position Title: \_\_\_\_\_ Business/Daytime Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_

**Full Name** (include all designations): Mr. Mrs. Ms. Dr. \_\_\_\_\_

Position Title: \_\_\_\_\_ Business/Daytime Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_

## Committee Involvement: Please consider getting involved and sharing your expertise!

We hope you are able to take full advantage of membership by volunteering for one (or more!) of the following committees. A volunteer leader will contact you with committee/meeting details.

**Membership** – Name of who is interested in joining this committee: \_\_\_\_\_

**Conference** – Name of who is interested in joining this committee: \_\_\_\_\_

**Golf** – Name of who is interested in joining this committee: \_\_\_\_\_

**Education** – Name of who is interested in joining this committee: \_\_\_\_\_

**Communications** – Name of who is interested in joining this committee: \_\_\_\_\_

## Organization Information: (For listing on the OSAM website)

### Association Members:

# of Members: \_\_\_\_\_

# of Paid Staff: \_\_\_\_\_

# of Meetings/Year: \_\_\_\_\_

Conference Month: \_\_\_\_\_

# of Attendees: \_\_\_\_\_

### Allied Members:

Business Type: Facility Service Provider Product Provider

Primary Product/Service Offered: \_\_\_\_\_

Type of Facility (hotel, convention center, etc.): \_\_\_\_\_

Meeting Space Capacity: Sq. Ft. \_\_\_\_\_ /# people: \_\_\_\_\_

# of Sleeping Rooms: \_\_\_\_\_

## Payment Options

Check (payable to OSAM in US Funds)  Visa  MasterCard  American Express  Discover

**For credit card payments, complete all fields below and fax both pages to 503.253.9172.**

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ \$ Authorized \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Email Receipt To: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please return both pages to the OSAM office.** Your association dues are not deductible as a charitable contribution for federal tax purposes. However, they may be deductible as an ordinary and necessary business expense. Fees cover 12 months from date submitted.