MEMBERSHIP APPLICATION

There are currently ***NO DUES*** to become a member of the Central Oregon Safety and Health Association!
Please take a few moments to provide the following information:

Name: _____

Company: _____

Title: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: ( ) _____ Fax: ( ) _____

Email: _____

I would be interested in participating in the following:

☐Membership ☐Sponsorship ☐Education ☐Conference Planning
☐Program Presentation ☐Construction Program

PLEASE PRINT & FAX THIS FORM TO:
(541) 388-2719 Attention: Kelli