



Oregon Society of Tax Consultants, Inc

Complimentary Membership Application Only

Please Print

Name _____ Home Phone _____

Address _____ City _____ Zip _____

Business Phone _____ Email _____

Unit _____ License Date _____ License No. _____

This complimentary membership entitles you to the member cost for education from your license date until June 30th. You will then be sent a regular renewal application.

I will abide by the bylaws and code of ethics adopted by the Society. I hereby receipt for a copy of the code of ethics.

Signature _____ Date _____

Mail to: OSTC State Treasurer
9694 SW Siletz Drive
Tualatin, OR 97062
(503)784-4487

State Treasurer Received _____

State Secretary Received _____ card made _____

Sent to Local Unit listed above _____

11/1/11