



**Oregon Society of Tax Consultants, Inc.**

**COMPLIMENTARY MEMBERSHIP APPLICATION ONLY  
PLEASE PRINT**

UNIT \_\_\_\_\_ LICENSE DATE \_\_\_\_\_ LICENSE NO. \_\_\_\_\_  
NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
BUSINESS PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

This complimentary membership entitles you to the member cost for education for a period of 6 (six) months from the license date. A prorated dues billing which includes a \$10 initiation fee near the end of the 6 (six) months.

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  
PO Box 883  
Springfield, OR 97477

State Treasurer Received \_\_\_\_\_

State Secretary Received \_\_\_\_\_ card made \_\_\_\_\_

Sent to Local Unit listed above \_\_\_\_\_