



OREGON SOCIETY OF TAX CONSULTANTS, INC.

WWW.OSTCINC.ORG

CHANGES &/OR DUES RENEWAL

NAME _____

PHONE NUMBERS (HM) _____ (CELL) _____

(BUS.) _____ (FAX) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

_____ I WISH TO CHANGE MY PERSONAL INFORMATION. PLEASE MAIL TO THE STATE SECRETARY.

_____ I WISH TO RENEW MY DUES. \$60 PLUS \$10 IF AFTER AUGUST 1ST. PLEASE MAIL TO THE STATE
TREASURER.

REVISED 10/30/2011