



OREGON SOCIETY OF TAX CONSULTANTS, INC.

Membership Application

Initial Application: Regular (full dues)
Participating (full dues)
Contributing (1/2 dues)

Please complete all applicable lines below

- 1) Name Home Phone
2) Business Name Business Phone
3) Cell Phone Fax Phone
4) Are you an employee? If so, where employed?
5) E-mail Address Unit Joining
6) Mailing Address City Zip
7) Business Address City Zip
8) Federal Registration # Oregon License #

- 9) Annual Dues \$60.00 (July 1 to June 30) Amount
10) Months prorated dues at \$5.00 per month =
11) Initiation Fee \$10.00 for new members
\$10.00 late fee for previous members past Aug 1st of each year
Total Remittance

- 12) Have you ever been a member of OSTC before? How many years ago?
13) How many years have you prepared tax returns?
14) Would you be willing to serve on a committee in OSTC?
15) Do you wish to receive e-mails regarding our organization and tax information?
16) Are you a member of another professional organization? If so, who?
17) Have you ever been officially disciplined by a regulatory agency?
18) Have you ever been expelled, suspended or disciplined by a professional organization?
If so, give circumstances.

I hereby certify that the above statements are true and correct to the best of my knowledge. I will abide by the By-laws and Code of Ethics adopted by the Oregon Society of Tax Consultants. In the event my membership is terminated for any reason, I agree to return my certificate of membership. I hereby receipt for a copy of the Code of Ethics. (Code of Ethics is also available at www.OSTCInc.org)

Signature Date

State Treasurer Received (initial & Date)
State Secretary Received (initial & Date)
Sent to Local Unit Listed above
Revised 11/13/11

MAIL TO: Jennifer O'Halloran, State Treas.
9694 SW Siletz Drive
Tualatin, OR 97062