

# Oregon Washington Community Association Managers Membership Application

COMPANY \_\_\_\_\_ WORK PH \_\_\_\_\_ FAX PH \_\_\_\_\_

CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_ CELL PH \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_

MAIL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_

WEBSITE \_\_\_\_\_ E-MAIL \_\_\_\_\_

PROFESSIONAL & TRADE AFFILIATIONS \_\_\_\_\_

PROFESSIONAL DESIGNATIONS \_\_\_\_\_

IF APPLICABLE: OREGON CCB# \_\_\_\_\_ WASHINGTON CCB# \_\_\_\_\_

REFERRED BY OWCAM MEMBER: \_\_\_\_\_ OF (COMPANY) \_\_\_\_\_

## Membership Categories

CHECK MEMBERSHIP TYPE THAT APPLIES

**Manager Member** Open to Community Association Managers only

**\$395** includes 2 named managers: \_\_\_\_\_, \_\_\_\_\_

**Plus \$75** for each add'l named manager: \_\_\_\_\_, \_\_\_\_\_

**Total: \$** \_\_\_\_\_

**Affiliate Member** Open to Community Association Service Providers

**\$395** includes 2 named representatives \_\_\_\_\_, \_\_\_\_\_

**Plus \$75** for each add'l named representative: \_\_\_\_\_, \_\_\_\_\_

**Total: \$** \_\_\_\_\_

**MAIL COMPLETED REGISTRATION WITH CHECK PAYABLE TO:**

**OWCAM**

PO Box 19602  
Portland OR 97280

DATE: \_\_\_\_\_, 200\_\_

CHECK # \_\_\_\_\_ ENCLOSED

MANAGER APPLICANTS ONLY: REPRESENTATIVES HAVE READ, UNDERSTOOD AND WILL ABIDE WITH THE OWCAM ETHICS & STANDARDS.

MANAGER & AFFILIATE APPLICANTS: I UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO APPROVAL BY THE BOARD.

APPROVED BY: \_\_\_\_\_

SIGNATURE

TITLE