



OREGON WASHINGTON
COMMUNITY ASSOCIATION MANAGERS

MEMBERSHIP APPLICATION

COMPANY _____ WORK PH _____
CONTACT _____ TITLE _____
CELL PH _____ FAX PH _____ OTHER PH _____
OFFICE ADDRESS _____ CITY _____
St _____ ZIP _____
MAILING ADDRESS _____ CITY _____
St _____ ZIP _____
WEBSITE URL www.owcam.org EMAIL _____

PROFESSIONAL & TRADE AFFILIATIONS _____

PROFESSIONAL DESIGNATIONS _____

OREGON CCB# _____ WASHINGTON CCB# _____

REFERRED BY OWCAM MEMBER: JULIA NEUFELD, EXEC. ADMIN. OF (COMPANY) OWCAM.ORG

MEMBERSHIP CATEGORIES

CHECK MEMBERSHIP TYPE THAT APPLIES

[] **MANAGER MEMBER** OPEN TO COMMUNITY ASSOCIATION MANAGERS ONLY
\$495 INCLUDES 2 NAMED MANAGERS _____, _____
PLUS \$100 FOR EACH ADD'L NAMED MANAGER _____, _____ TOTAL: \$ _____

[] **AFFILIATE MEMBER** OPEN TO COMMUNITY ASSOCIATION SERVICE PROVIDERS
\$495 INCLUDES 2 NAMED REPRESENTATIVES _____, _____
PLUS \$100 FOR EACH ADD'L REPRESENTATIVE _____, _____ TOTAL: \$ _____

MEMBERSHIP WILL BE AUTO-RENEWED IN 2016/17 - UNLESS WE RECEIVE A CANCELLATION IN WRITING.

MAIL COMPLETED REGISTRATION WITH CHECK PAYABLE TO:

OWCAM

11954 NE GLISAN ST., # 302 • PORTLAND, OR 97220

DATE: _____ 2016 [X] CHECK # _____ ENCLOSED

ALL APPLICANTS: 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 _____, Principal
OWCAM BOARD REPRESENTATIVE APPLICANT SIGNATURE & TITLE

INTEROFFICE USE: APPRV DBASE WEB EA/ELIST OTHER: