THE OREGON ESCROW COUNCIL, INC.

2014 STATE CHAPTER- APPLICATION FOR MEMBERSHIP

NEW MEMBER ☐ RENEWAL ☐ REINSTATEMENT ☐

Please Type:

Member's Name: _____

Member's Mailing Address: _____

_____

Member's Cell Phone: _____ Member's Business Phone: _____

Member's Email Address: _____

Member's Employer: _____
Employer's Address _____

_____

Where mail should be sent (CHECK ONE): Mailing_____ Business Address:_____

I am actively engaged in the processing of supervision of escrows or Real Estate loan escrows. YES ☐ NO ☐
If the answer is NO, give a brief job description: _____

_____

***If certified, my current Designation is: Certified Designation No._____
(check all that apply)

Certified Escrow Secretary (CES)	_____	Certified Loan Escrow Officer (CLEO)	_____
Certified Escrow Technician (CET)	_____	Certified Senior Loan Escrow Officer (CSLEO)	_____
Certified Escrow Officer (CEO)	_____	Certified Collection Escrow Officer (CCEO)	_____
Certified Senior Escrow Officer (CSEO)	_____	Certified Sr. Collection Escrow Officer (CSCEO)	_____

PLEASE REMEMBER TO TURN IN YOUR PROOF OF APPROVED EDUCATION HOURS TO KEEP YOUR DESIGNATION

In making this application, I agree to abide by the Bylaws and Code of Ethics of The Oregon Escrow Council, Inc.

I enclose my check for dues in the amount of $150.00 ☐ OR my company will remit dues on my behalf ☐.

I am paying via credit/debit card. ☐ If you would like to pay via credit/debit card, you may call Bobbie Artus at 541-757-1466 and that can be done over the phone via The Square ®, $2.50 processing fee added.

I understand that these dues are for fiscal year April 1 to April 1.

Date: _____ Applicant's Signature _____

Please remit to: Oregon Escrow Council, PO Box 261, Sheridan, OR 97378 **BY MARCH 15, 2014**

DO NOT WRITE BELOW THIS LINE.

☐ Escrow ☐ Associate ☐ Affiliate