

# THE OREGON ESCROW COUNCIL, INC.

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## 2024-2025 APPLICATION FOR MEMBERSHIP

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☐ NEW MEMBER    ☐ RENEWAL    ☐ REINSTATEMENT

### Please Type:

Member's Name: \_\_\_\_\_

Member's Mailing Address: \_\_\_\_\_

Member's Cell \_\_\_\_\_ Business Phone \_\_\_\_\_

Member's Email Address: \_\_\_\_\_

Member's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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Where mail should be sent (CHECK ONE): Mailing ☐ Business ☐

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:

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\*\*\*If certified, my current Designation is (check all that apply):

☐ Certified Escrow Secretary (CES)

☐ Certified Escrow Technician (CET)

☐ Certified Escrow Officer (CEO)

☐ Certified Senior Escrow Officer (CSEO)

☐ Certified Collection Escrow Officer (CCEO)

☐ Certified Sr. Collection Escrow Officer (CSCEO)

Certified Designation No. \_\_\_\_\_

\*\*\*PLEASE REMEMBER TO INCLUDE 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 \_\_\_\_\_ My company will remit dues on my behalf.

I understand that these dues are for fiscal year April 1, 2024 to March 31, 2025.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Please remit to: Oregon Escrow Council, 904 NW 11TH ST MC MINN VILLE, OR 97128

**BY April 1, 2024. This check only for member renewal, not seminar registration.**

DO NOT WRITE BELOW THIS LINE.

☐ Escrow

☐ Affiliate

☐ Associate