

# THE OREGON ESCROW COUNCIL, INC.

## 2025-2026 APPLICATION FOR MEMBERSHIP

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 : \_\_\_\_\_

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:

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

- |   |  |
|---|--|
| <input type="checkbox"/> Certified Escrow Secretary (CES)           | <input type="checkbox"/> Certified Escrow Technician (CET)               |
| <input type="checkbox"/> Certified Escrow Officer (CEO)             | <input type="checkbox"/> Certified Senior Escrow Officer (CSEO)          |
| <input type="checkbox"/> Certified Collection Escrow Officer (CCEO) | <input type="checkbox"/> 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, 2026 to March 31, 2027.

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

Please remit to: CLAUDETTE VONDERAHE 6614 HUNTINGTON CIRCLE SE SALEM, OR 97306  
by May 1, 2026. This check only for member renewal, not seminar registration.

**DO NOT WRITE BELOW THIS LINE.**

Escrow  
 Affiliate

Associate