

OREGON HOMICIDE INVESTIGATORS ASSOCIATION MEMBERSHIP APPLICATION

January 1, 2010 through December 31, 2010

NAME: _____ DPSST or POST# _____

TITLE: _____ ASSIGNMENT/UNIT: _____

AGENCY: _____ ORI# _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WORK PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: (*REQUIRED*) _____

CHECK APPROPRIATE MEMBERSHIP STATUS:

CHARTER MEMBERSHIP – SEND APPLICATION & PAYMENT BEFORE March 31, 2010

ACTIVE MEMBER - \$20.00

ASSOCIATE MEMBER - \$15.00

LIFE MEMBER - \$100.00

CHECK APPROPRIATE METHOD OF PAYMENT:

PERSONAL CHECK or MONEY ORDER ENCLOSED (No cash please)

PAID BY DEPARTMENT (Payment enclosed)

PAID VIA PAYPAL ON OHIA WEBSITE

MAKE CHECKS PAYABLE TO: **OHIA**

MAIL TO: **OHIA
P.O. Box 158
Medford, OR 97501-0011**

(TREASURER USE ONLY)

DATE PAID:

AMOUNT:

CHECK NUMBER:

OTHER METHOD OF PAYMENT