



Oregon Horticultural Society USE THIS FORM TO RENEW YOUR 2009 MEMBERSHIP

Make changes to your data on this form before returning

www.OregonHorticulturalSociety.org 503-371-7457

Use this fillable PDF to add your information. Then print and include credit card payment information or check and mail or fax to: OHS PO BOX 2917, Salem, OR 97308-2917 or 503-585-8547.

I am a new member **I am a renewing member**

Family/Farm: \$75 (for up to 3 people at the same location)*

Business/Corporate: \$75

Regular/Individual: \$40

Student \$20 (School: _____)

Voluntary donation to the scholarship fund for agricultural students: \$_____

Total Enclosed \$_____

Member Information

Primary Contact: _____

Mr./Mrs./Ms: _____

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (W): _____

(Cell or Other Phone): _____

Fax: _____

Email Address: _____

Website: _____

*For Family memberships only (using one mailing address):

2nd Name: _____ Email: _____

3rd Name: _____ Email: _____

Areas of Interest

Vegetables

Tree Fruit

Wine Grapes

Blueberries

Berries

Pome Fruit

Payment Method **Visa** **MasterCard** **Check**

Mail application w/payment to: OHS, PO Box 2917, Salem, OR 97308-2917 or fax credit card to: 503-585-8547.

Total Amount to be Charged: _____ Date: _____

Card # : _____ Exp. Date: _____

Signature: _____ Printed Name: _____