



**2009 MEMBERSHIP APPLICATION AND RENEWAL**

PLEASE PRINT IN INK

PLEASE CHECK APPROPRIATE CATEGORY:

NEW MEMBER \_\_\_\_\_ RENEWAL \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**CHECKS IN THE AMOUNT OF \$20.00 SHOULD BE MADE PAYABLE TO:**

**HORTICULTURAL INSPECTION SOCIETY – WESTERN CHAPTER**

PLEASE RETURN THIS COMPLETED FORM AND CHECK TO:

BEV CLARK  
OREGON DEPARTMENT OF AGRICULTURE  
635 CAPITOL STREET NE.  
SALEM, OR 97301-2532

THANK YOU FOR YOUR PARTICIPATION!