



2010
HORTICULTURAL INSPECTION SOCIETY
WESTERN CHAPTER
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: _____

PLEASE RETURN THIS COMPLETED FORM AND \$20.00 TO:
BEV CLARK, HORTICULTURIST
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE.
SALEM, OR 97301-2532
THANK YOU FOR YOUR PARTICIPATION!