APPLICATION FOR AFFILIATE MEMBERSHIP IN THE OREGON HISTORICAL SOCIETY

Name of Organization ________________________________

Address ____________________________

(Street Address or P.O. Box) _____________ (City) _____________

(County) _____________ (State) _____________ (Zip Code) _____________

Website (if applicable) ________________________________

Contact person ____________________________ Title ____________________________

Contact phone ____________________________ Contact email ____________________________

Year Established ____________________________ Number of Members ____________________________

Mission:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Please attach the following with your application:
- List of Board of Directors/Trustees
- Copy of Bylaws

Email to: Lisa.Noah@ohs.org

Mail to: Lisa Noah
         Chief Operating Officer
         Oregon Historical Society

1200 SW PARK AVENUE • PORTLAND, OREGON 97205 • 503.222.1741 • FAX 503.221.2035 • WWW.OHS.ORG