

Oregon Memorial Association (OMA) – Membership Application

P.O. Box 2646 Clackamas, OR 97015

Mail to: P.O. Box 2646 Clackamas, OR 97015 or **Email to:** omaoregon@gmail.com

- Membership fee - \$50 per person
- Transfer membership- \$15 per person
- I've enclosed an additional \$_____ contribution to support OMA's work

1. Member Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

2. Member Name: _____

(check one) Spouse Domestic Partner Family or Friend

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

(List any additional members on the back of this page please)

I am interested in the following information included in my new member packet:

- OMA Membership Brochure
- End of Life Planning Checklist
- Funeral Consumer Rights
- Body donation programs
- Green Burial information
- Cremation
- Veteran's Benefits
- Other Information _____

I would like to learn more about volunteer opportunities:

- Helping with member events and educational workshops
- I have expertise to offer in the area of _____
- Help with getting the word out about OMA to my social organization or religious group
- Becoming a board member for this nonprofit agency
- I'm interested in participation on the board as support only
- Helping with periodic limited-term projects

Questions? Feel free to call the OMA Office at (503) 647-5590

Thank you for applying. We look forward to serving you. Welcome to OMA!