

**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!**