



Oregonians For Science And Reason

O4SR Membership form

Name _____ Daytime phone _____

Address _____ Evening phone _____

Address _____ FAX _____

City _____ State _____ ZIP _____

E-Mail address (Announcements e-list) _____
(E-mail addresses are added to the members-only "Announcements" E-list)

Would you like your e-mail address added
to the Members-only "Discussion" E-list? Yes No

Occupation _____

Membership Level:

\$20 Individual

\$30 Household

\$10 Student

\$50 Sponsor

\$100 Patron

Additional Donation (specify amount) _____

I would like to volunteer:

as a Board Member

as a Committee Member

to write letters to editors

to write articles

to investigate claims

as a speaker

other (specify) _____

Special Skills or Interests: _____

Please make check "Oregonians for Science and Reason" and send with this form to:

Josh Reese, Membership Chairman

7555 Spring Valley Rd. NW

Salem, OR 97304

503-364-6255

"Note: If you wish to receive a membership receipt, choose:
E-Mail or Snail Mail . Thank you."