

Membership Form

OEDI Membership is by calendar year; January 1st to December 31st

Name: Rank / Title:	
Agency / Organization:	
Mailing Address:	
City Work Ph#: Cell #:	State Zip
Business E-mail: Personal E-	-mail:
DPSST# (if applicable): OEDI Ses	ssion Number (if applicable):
Note: All of the below listed persons are eligible for membership – attending the Annual Session is no longer a prerequisite <u>Please check one</u>	
Active Member of a Public Safety Agency (Annual) <u>\$45</u> (Life	četime) <u>\$350</u>
Retired (in good standing) Member of a Public Safety Agency (Annual) <u>\$15</u> (Lifetime) <u>\$150</u>	
Military: Active Duty, National Guard and Reserve <u>\$45</u>	
Associate Members: Private Industry / Higher Ed with a nexu	us to public safety (Annual) <u>\$45</u>
Associate Members: Private Industry / Higher Ed with a nexus to public safety (Lifetime) <u>\$350</u>	

Please make checks payable to OEDI and mail to:

Post Office Box 7468 Salem, Oregon 97303

Or pay on-line at <u>www.oedionline.org</u>