

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>