



Membership Application
Individual, Team or Institutional

Oregon Middle Level Association

"Together, celebrating the uniqueness of the middle level experience through advocacy and professional support"

Date: _____ Membership Year: July 1, 2___ - June 30, 2___.
School: _____ District: _____
Address: _____ County: _____
City: _____ State: _____ Zip: _____
School Phone: _____ Fax: _____

Type of Membership

- Individual: \$35 Includes newsletter and member rates for all OMLA events
Full-Time Student: \$20 Includes newsletter and member rates for all OMLA events
Team: \$125 Includes Principal and 4 team members, 5 newsletters, and member rates at OMLA events for the team members
Institutional: \$250 Includes Principal and 11 team members, 12 newsletters, and member rates at OMLA events for all staff members of the institution

Member Information

Individual, Student, or Principal of Team or Institution If principal: Member of OASSA OESPA

Name: _____ Position: _____ Email: _____

Team or Institutional Members (fill in this section if you are signing up a team or institution)

Name: _____ Position: _____ Email: _____
Name: _____ Position: _____ Email: _____
Name: _____ Position: _____ Email: _____
Name: _____ Position: _____ Email: _____

Institutional Members (fill in this section only if you are signing up an institution)

Name: _____ Position: _____ Email: _____
Name: _____ Position: _____ Email: _____
Name: _____ Position: _____ Email: _____
Name: _____ Position: _____ Email: _____
Name: _____ Position: _____ Email: _____
Name: _____ Position: _____ Email: _____
Name: _____ Position: _____ Email: _____

Check here if you've paid a membership fee by paying non-member registration for our annual conference
Otherwise, please make check payable to COSA/OMLA and send with this form to
OMLA, 707 13th St. SE, Suite 100, Salem, OR 97301-4035