



Oregon Birding Association

Membership Application Form

MEMBERSHIP LEVEL (Please select one):

21 and under	_____	\$21.00
Individual	_____	\$30.00
Family	_____	\$35.00
Sustaining	_____	\$50.00
Patron	_____	\$100.00

Your tax-deductible contribution to OBA _____

Your tax-deductible contribution to the
Oregon Fund for Ornithology _____

New member Renewal Change of information only

Add my name to the OBA Directory: Yes No

If yes, may we include?

Phone number: Yes No

Email: Yes No

Fill out the information below and send this form with your check (made payable to Oregon Birding Association) to: OBA Membership
PO Box 675
Lincoln City OR 97367-0675

Your name: _____

Address: _____

City, State, Zip: _____

Preferred Phone: _____

Email: _____

Second member's name (Family, Patron, and Sustaining only)

Name: _____

Email: _____

Preferred Phone: _____

IMPORTANT NOTE: OBA memberships are calendar-year, that is, all memberships expire on December 31st of the current year. Applications received after the fall mailings will be applied to the following calendar year.

Oregon Birding Association does not sell or give member information to other organizations.