

THE OREGON ESCROW COUNCIL, INC.

2025-2026 APPLICATION FOR MEMBERSHIP

☐ NEW MEMBER ☐ RENEWAL ☐ REINSTATEMENT

Please Type:

Member's Name: _____

Member's Mailing Address: _____

Member's Cell _____ Business Phone _____

Member's Email Address _____

Member's Employer: _____

Employer's Address : _____

Where mail should be sent (CHECK ONE): Mailing _____ Business _____

I am actively engaged in the processing of supervision of escrows or Real Estate loan escrows..

YES ☐ NO ☐

If the answer is NO, give a brief job description:

*****If certified, my current Designation is (check all that apply):**

<input type="checkbox"/> Certified Escrow Secretary (CES)	<input type="checkbox"/> Certified Escrow Technician (CET)
<input type="checkbox"/> Certified Escrow Officer (CEO)	<input type="checkbox"/> Certified Senior Escrow Officer (CSEO)
<input type="checkbox"/> Certified Collection Escrow Officer (CCEO)	<input type="checkbox"/> Certified Sr. Collection Escrow Officer (CSCEO)

Certified Designation No. _____

*****PLEASE REMEMBER TO INCLUDE YOUR PROOF OF APPROVED EDUCATION HOURS TO KEEP YOUR DESIGNATION*****

In making this application, I agree to abide by the Bylaws and Code of Ethics of The Oregon Escrow Council, Inc

☐ I enclose my check for dues in the amount of \$150.00 ☐ My company will remit dues on my behalf.

I understand that these dues are for fiscal year April 1, 2025 to March 31, 2026.

Date: _____ Applicant's Signature: _____

Please remit to: Santiam Escrow, Inc. PO Box 515 Stayton, OR 97383, Attn. Jim

BY May 1, 2025. This check only for member renewal, not seminar registration.

DO NOT WRITE BELOW THIS LINE.

☐ Escrow
☐ Affiliate

☐ Associate