

THE OREGON ESCROW COUNCIL, INC.

2018 - APPLICATION FOR MEMBERSHIP

NEW MEMBER

RENEWAL

REINSTATEMENT

Please Type:

Member's Name: _____

Member's Mailing Address: _____

Member's Cell Phone: _____ Member's Business Phone: _____

Member's Email Address: _____

Member's Employer: _____

Employer's Address _____

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

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: Certified Designation No. _____
(check all that apply)

Certified Escrow Secretary (CES) _____

Certified Escrow Technician (CET) _____

Certified Escrow Officer (CEO) _____

Certified Senior Escrow Officer (CSEO) _____

Certified Loan Escrow Officer (CLEO) _____

Certified Senior Loan Escrow Officer (CSLEO) _____

Certified Collection Escrow Officer (CCEO) _____

Certified Sr. Collection Escrow Officer (CSCEO) _____

PLEASE REMEMBER TO TURN IN 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 OR my company will remit dues on my behalf .

I understand that these dues are for fiscal year April 1 to April 1.

Date: _____ Applicant's Signature _____

Please remit to: Oregon Escrow Council, PO Box 261, Sheridan, OR 97378 **BY MARCH 5, 2018**

This check only for member renewal, not seminar registration.

DO NOT WRITE BELOW THIS LINE.

Escrow

Associate

Affiliate