

# THE OREGON ESCROW COUNCIL, INC.

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## 2019-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

Certified Designation No. \_\_\_\_\_

Designation is: (check all that apply)

Certified Escrow Secretary (CES) \_\_\_\_\_

Certified Loan Escrow Officer (CLEO) \_\_\_\_\_

Certified Escrow Technician (CET) \_\_\_\_\_

Certified Senior Loan Escrow Officer (CSLEO) \_\_\_\_\_

Certified Escrow Officer (CEO) \_\_\_\_\_

Certified Collection Escrow Officer (CCEO) \_\_\_\_\_

Certified Senior Escrow Officer (CSEO) \_\_\_\_\_

Certified Sr. Collection Escrow Officer (CSCEO) \_\_\_\_\_

\*\*\*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, 2019 to March 31, 2020.

Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Please remit to: Oregon Escrow Council, PO Box 261, Sheridan, OR 97378 **BY MARCH 22, 2019**  
This check only for member renewal, not seminar registration.

DO NOT WRITE BELOW THIS LINE.

Escrow

Associate

Affiliate