

# THE OREGON ESCROW COUNCIL, INC.

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## 2020-2021 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: \_\_\_\_\_

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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:

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

Certified Escrow Secretary (CES)

Certified Escrow Technician (CET)

Certified Escrow Officer (CEO)

Certified Senior Escrow Officer (CSEO)

Certified Collection Escrow Officer (CCEO)

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, 2020 to March 31, 2021.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Please remit to: Oregon Escrow Council, PO Box 261, Sheridan, OR 97378 **BY MARCH 31, 2020**

This check only for member renewal, not seminar registration.

DO NOT WRITE BELOW THIS LINE.

Escrow

Affiliate

Associate