



OREGON SOCIETY OF TAX CONSULTANTS, INC.

Complimentary Membership Application Only

(for those who recently passed their LTP Exam)

Please complete all applicable lines below – Please put N/A on the lines that do not apply.

1) Name _____ Home Phone _____

2) Cell Phone _____ *E-mail Address _____

3) Business Number _____ Unit Joining _____

4) Mailing Address _____ City _____ Zip _____

5) Business Address _____ City _____ Zip _____

6) Federal PTIN # _____ License Date _____ Oregon License # _____

This complimentary membership entitles you to the benefits of OSTC Membership and the member cost for education from the date you received your new license until June 30th. At that time, you will be sent a regular renewal application.

I hereby certify that the above statements are true and correct to the best of my knowledge. I will abide by the By-laws and Code of Ethics adopted by the Oregon Society of Tax Consultants, which are available at www.OSTCinc.org w/user & password: ORTAX

Signature _____ Date _____

MAILTO: Jeanie Bewley, OSTC State Secretary
4061 Main St, Suite A,
Springfield OR 97478

or Fax: 541-741-0479
questions: 541-741-0438

Date Entered into data base: _____ Date State Treasurer Received _____

Sent to Local Unit listed above on this date _____ Complimentary through _____