



OREGON SOCIETY OF TAX CONSULTANTS, INC.

www.ostcinc.org

Changes &/Or Dues Renewal

Name _____

Home Number _____ Cell Phone _____

Business Number _____ Fax Number _____

Address _____

City _____ State _____ Zip _____

E-mail* _____

Oregon License # _____ PTIN# _____

OSTC Unit _____

*As of this dues renewal, we will be adding all members of OSTC to our Constant Contact e-mail system. If you do not wish to be added, please indicate by putting your initial on this line _____

_____ I wish to change my personal information. (new information inserted above)

_____ I wish to renew my dues. \$60 (plus \$50 if paid after July 31st)

_____ I wish to transfer from _____ Unit to _____ Unit.

Amount Enclosed (check payable to OSTC) \$ _____ Check # _____ Date _____

Visa _____ MC _____ Card Number _____ Expiration Date _____

Security Code on back _____ Zip Code Associated with this Card _____

Signature _____ (By signing here you agree to the OSTC Terms & Charges Above)

Please mail to the State Treasurer, Catherine Weesner at 9915 SE 91st Ave, Happy Valley, OR 97086;
or Fax to 503-771-0506 or Scan & E-mail to: Treasurer@ostcinc.org

Revised 05/20/16