



OREGON SOCIETY OF TAX CONSULTANTS, INC.

www.ostcinc.org

Changes &/Or Dues Renewal

Name _____ Business 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 initials on this line _____

_____ I wish to change my personal information.

_____ I wish to renew my dues. \$60 plus \$50 late fee, if after July 31st. (if applicable fill in box)

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

Visa _____ MC _____ Card Number _____ Expiration Date _____

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

“OR”

Please mail or fax to the State Secretary Jeanie Bewley, 4061 Main St, Suite A, Springfield, Or 97478
Fax: 541-741-0479

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

Your Signature