

# OCLI

Oregon Coast  
Learning Institute

OREGON COAST LEARNING INSTITUTE

P. O. BOX 593

Lincoln City, OR 97367

*ocli.us*

## APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BACKGROUND: \_\_\_\_\_

\_\_\_\_\_

AREAS OF INTEREST: \_\_\_\_\_

\_\_\_\_\_

I WOULD LIKE TO PRESENT A TALK ABOUT: \_\_\_\_\_

\_\_\_\_\_

I AM INTERESTED IN SERVING ON:

\_\_\_\_\_ THE CURRICULUM COMMITTEE

\_\_\_\_\_ THE MEMBERSHIP COMMITTEE

\_\_\_\_\_ TECH SUPPORT COMMITTEE

**Annual Dues: \$90.00 per individual. Attach check payable to OCLI and mail to address above**

For office use:

**Amount Received** \_\_\_\_\_ **(CHECK) NO.** \_\_\_\_\_ **CASH**

**Date** \_\_\_\_\_ **Prorated Term** \_\_\_\_\_ **Badge** \_\_\_\_\_