



OREGON COAST LEARNING INSTITUTE

P. O. Box 36
Gleneden Beach, OR 97388

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**

_____ **A SUPPORT COMMITTEE**

Annual Dues: \$75.00 Per Individual. Attach check payable to OCLI and mail to address above.

Amount Received: _____ **(Check) (Cash)**

Date: _____ **Prorated Term:** _____