



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** _____