Membership Form

A. Member Information

(Please complete **all** sections of the form)

Full Name _____
Firm _____
Business Address _____
Business Address (2) _____
City/State/ZIP _____
Day Phone _____
Fax _____
E-mail _____
Website _____

B. Dues Schedule

(Please check one)

Regular Member ($60): ____
Regular Member ($15): ____
(individual making $45,000/yr gross or less)
Student Member ($0): ____
Recent Bar Admittee ($0): ____
(admitted within last 3 years)

Total Enclosed: $ _____
(Please make checks out to "OGALLA")

C. Areas of Primary Practice

(Rank your 3 primary practice areas from 1-3)

___ Admin	___ Criminal	___ Ethics	___ Litigation
___ Health Care	___ Family	___ Federal	___ Pers. Inj.
___ Appellate	___ Elder	___ Government	___ Land Use
___ ADR	___ Employment	___ Immigration	___ Securities
___ Bankruptcy	___ Entertainment	___ Insur. Defense	___ Soc. Security
___ Civil Rights	___ Environment	___ Intellec. Prop.	___ Tax
___ Construction	___ Probate/Trust/	___ International	___ Work. Comp.
___ Corporate	___ Estate Planning	___ Juvenile	___ Other:_____

_____ Check here if you are interested in being a mentor to law students (names are passed on to Oregon Schools)

_____ Check here if you wish to have your name appear on OGALLA's online directory.

Are you interested in volunteering for any of the following events or committees?

___ Annual Dinner ___ Education & Outreach ___ Judiciary

___ Safe Schools ___ Social

Please return this form to: OGALLA / P.O. Box 40171 / Portland, OR 97240

We welcome your input, feedback, or questions at info@ogalla.org.