

Membership Use Only	
Application Date:	
Payment method:	
[] Check [] Cash	
[] Credit/Debit	
Amount Paid:	

## OREGON OCEAN PADDLING SOCIETY

INDIVIDUAL MEMBERSHI	IP / \$35 a year		New Renewal		
Name		(required)			
Fmail					
Phone					
FAMILY MEMBERSHIP / U	Jp to 6 family members / 9	\$50 a year	New Renewal		
Primary Member					
Name		(required)			
Email		(required)			
Phone		_			
Additional Family Members					
Name	Email		_ (required)		
Name					
Name					
Name			_ (required)		
Name	Email		_ (required)		
IMPORTANT: Each family member must provide a unique email address. This becomes their OOPS member ID.					
KAYAKING PROFESSIONAL MEMBERSHIP / \$16 a year New Renewal					
Name		(required)			
Email		(required)			
Dhana		_			
IMPORTANT: Kayaking Profession	onal memberships need to provide	e a copy of proof of emplo	yment at a local kayak		

Mail this completed membership application, payment (checks only) and the kayaking professional proof to:

Oregon Ocean Paddling Society 29030 SW Town Center Loop East Suite 202, Box 228 Wilsonville, OR 97070

Or bring to the next OOPS General Meeting. (check, cash, debit/credit)

Questions? Contact OOPS:

shop.

Membership membership@oopskayak.org