MEMBERSHIP APPLICATION OREGON TRAPPERS ASSOCIATION OTA

□ NEW MEMBER	\square RENE	EWAL	DATE:	
NAME:				
BUSINESS NAME:				
ADDRESS:			COUNTY:	
CITY:		STATE:	ZIP:	
ADDRESS:	AGE:	YRS.	TRAPPER:	
EMAIL ADDRESS:				
			Check ty	pe of membership:
Regular Membership			\$ 25.00	
Junior Membership(under 16)		\$ 8.00	
Family Membership(write names on back	x)	\$ 35.00	
Lifetime Member(withou	t the Trapper)	• • • • • • • • • • • • • • • • • • • •	\$350.00	
Lifetime Member Over Age	70 (without the Tra	pper)	\$250.00	
Corporate/Business Membe	rship(without the	he Trapper)\$ 50.00	
Sustaining Member (Minim Membership. Does Not I				
One Year Subscription to	Trapper's Post, ad	d	\$13.00	
	TOTAL AMOUN	NT ENCL	OSED: \$	

Make checks payable to **Oregon Trappers Association** (OTA) and send to:

Bev Hansen, OTA Secretary P. O. Box 272 Walterville, OR 97489