

Oregon SHARP Alliance

Application/Renewal Form

Please Print Clearly

Date: _____ SHARP Approval Date: _____

Employer Name: _____

Physical Address: _____

Mailing Address: _____

Contact Name: _____

Telephone: _____ Company website address: _____

Fax: _____ E-Mail Address: _____

Type of Industry: _____ Number of Employees: _____

Union Non-Union (Union Name: _____)

* * * * *

I wish to JOIN the Oregon SHARP Alliance As:

I wish to RENEW My Oregon SHARP Alliance Membership as:

Full Member (\$50.00 per year)

(Must be a SHARP or VPP company)

Associate Member (\$25.00 per year)

(Must support the SHARP concept)

Does your facility have a meeting room available which can seat 45 people, and which you would be willing to use to host a future meeting?

* * * * *

**Please make check or P.O. to the
Oregon SHARP Alliance and return to:**

Oregon SHARP Alliance
Attn: [Duane Grange](#), Treasurer
c/o Selectemp Employment Services
PO Box 71250
Eugene OR 97401-0191

For Official Use Only

Full Member Associate Member

Annual dues: _____

Paid on: _____

Region Number: _____

SHARP Award Date: _____