

OCSS MEMBERSHIP FORM

Name _____

School Daytime Phone _____

School Address _____

Street; City; State; Zip _____

County: _____

Preferred: E-mail _____

Home Address _____

City: State; Zip _____

Home Phone _____

Subject(s) & Level(s) taught: _____

Total Years of Service: (check one)

- (student teacher)
- (first year teacher)
- 2-5
- 6-10
- 11+

I am interested in the following (check as many as you wish):

OCSS Membership ___ Presenting at Fall Conference ___ OCSS Board/committee service ___

I am interested in working with OCSS on the following issues:

Please check any of the following social studies organizations of which you are a member:

- | | |
|--|---|
| <input type="checkbox"/> National Council for the Social Studies | <input type="checkbox"/> Oregon International Council |
| <input type="checkbox"/> National Geographic Alliance | <input type="checkbox"/> World Affairs Council of Oregon |
| <input type="checkbox"/> Oregon Council for the Social Studies | <input type="checkbox"/> Teaching American History Grant participant |
| <input type="checkbox"/> Classroom Law Project | <input type="checkbox"/> Confederation in Oregon of Foreign Language Teachers |
| <input type="checkbox"/> Oregon Council for Economic Education | <input type="checkbox"/> Oregon Council of Teachers of English |
| <input type="checkbox"/> Oregon Geographic Alliance | <input type="checkbox"/> Other |
| <input type="checkbox"/> Oregon High School International Relations League | |
| <input type="checkbox"/> Oregon Historical Society | |

This is a ___ New; ___ Renewed Membership. Dues of \$20 are enclosed*.

Please make check payable to Oregon Council for the Social Studies.

*One year membership is included in the OCSS fall conference registration (except for presenters who have been given a courtesy reduced registration fee).

Mail to: OCSS, PO Box 2131, Salem OR 97308-0111