



Associated Oregon Industries
 1149 Court Street NE - Salem, OR 97301
 Toll Free Statewide 800-452-7862
 Fax 503-588-0052
 www.aoi.org

Membership Application

Business Name (include DBAs, AKAs) _____

Classification (C Corp, S Corp, Sole Proprietor, etc.) _____

Mail Address _____

City _____ State _____ Zip _____ Phone (____) _____

Physical Address _____

City _____ State _____ Zip _____ County _____

Federal Tax ID# _____ Website _____

Describe your business type (industry) _____

How did you hear about AOI? _____

Main Contact (Mr./Ms.) _____ Title _____

Mail Address (if different) _____

City _____ State _____ Zip _____ County _____

Phone (____) _____ Fax (____) _____ Other Ph (____) _____

Email Address _____

Is your company enrolled in either of the following? AOI CompSAFE AOI HealthChoice

Your Insurance Agent/Agency _____

Employees A. Please count the number of OREGON full-time, year around employees on your payroll (including self, managers and owners). (A) _____

B. If you have part-time or seasonal OREGON employees: Total hours worked by those employees within the last 12 months, divided by 1560. (B) _____

C. Add (A) and (B) together. Your FTE OREGON employee count is: (C) _____

Here is my first annual investment of \$ _____

Please refer to the attached dues schedule or remit the amount indicated above. Dues are non-refundable and will be payable annually during the same quarter each year hereafter. A large percentage of your dues is tax deductible for Federal and State tax purposes, refer to the attached dues schedule for the current percentage. Please make checks payable to AOI.

Signature _____ Print Name _____ Date _____

Credit card payments accepted: Master Card Visa American Express Discover

Card # _____ - _____ - _____ Expiration Date (MM/YYYY) _____ / _____

Cardholder's Signature _____ Print Name _____

AOI USE ONLY Sponsor.....Rec'd \$.....Date Rec'd.....Schedule.....Anniv.....
 ID#.....County.....HD.....SD.....CD.....Logged.....Welcome.....