



**4. Services and Counties Information:**

Services Provided *no charge for service info.	<input type="checkbox"/> Process Service <b>PS</b> <input type="checkbox"/> Clerk Recording <b>R</b> <input type="checkbox"/> Document Retrieval <b>DR</b> <input type="checkbox"/> Conduct Foreclosure Sales <b>FS</b> <input type="checkbox"/> Court Record Search <b>CRS</b> <input type="checkbox"/> Carries E & O Insurance <b>EO</b> <input type="checkbox"/> Require pre-payment <b>RPP</b> <input type="checkbox"/> Court Filing <b>CF</b>	<input type="checkbox"/> Mobile Notary <b>MN</b> <input type="checkbox"/> Notary <b>N</b> <input type="checkbox"/> Photocopy <b>CPY</b> <input type="checkbox"/> Accept Credit Cards <input type="checkbox"/> Skip Tracing <b>ST*</b> *Only applies to locating servee <input type="checkbox"/> Other _____
<b>PRIMARY* County (FREE)</b>		
Additional County Listings (\$5.00 each)	<input type="checkbox"/> Baker <input type="checkbox"/> Benton <input type="checkbox"/> Clackamas <input type="checkbox"/> Clatsop <input type="checkbox"/> Columbia <input type="checkbox"/> Coos <input type="checkbox"/> Crook <input type="checkbox"/> Curry <input type="checkbox"/> Deschutes	<input type="checkbox"/> Douglas <input type="checkbox"/> Gilliam <input type="checkbox"/> Grant <input type="checkbox"/> Harney <input type="checkbox"/> Hood River <input type="checkbox"/> Jackson <input type="checkbox"/> Jefferson <input type="checkbox"/> Josephine <input type="checkbox"/> Klamath
	<input type="checkbox"/> Lake <input type="checkbox"/> Lane <input type="checkbox"/> Lincoln <input type="checkbox"/> Linn <input type="checkbox"/> Malheur <input type="checkbox"/> Marion <input type="checkbox"/> Morrow <input type="checkbox"/> Multnomah <input type="checkbox"/> Polk	<input type="checkbox"/> Sherman <input type="checkbox"/> Tillamook <input type="checkbox"/> Umatilla <input type="checkbox"/> Union <input type="checkbox"/> Wallowa <input type="checkbox"/> Wasco <input type="checkbox"/> Washington <input type="checkbox"/> Wheeler <input type="checkbox"/> Yamhill

**5. Background Check Waiver**

If you answer "yes" to any of the following questions and provide proof of the permit or license, OAPS may waive the background check.

Are you a current NAPPS Member?  Yes  No

Are you an active notary?  Yes  No

If yes, what is your notary number: \_\_\_\_\_

Please provide proof of your active notary status with this application.

Do you have a private investigators license, issued by the DPSST?  Yes  No

If yes, what is the license number: \_\_\_\_\_

Please provide a copy of the license with this application.

Do you hold a concealed handgun license?  Yes  No

If yes, what is the license number: \_\_\_\_\_

Please provide a copy of the permit with this application.

**6. Annual Dues:**

Oregon Regular Membership - \$150.00

An Oregon Regular membership in the association shall be open to any person whose business, or the business for which they work, is engaged in the private process serving business within the State of Oregon and whose conduct is in compliance with all state, county and city statutes and court rules controlling private process serving. An Oregon Regular Member's name and company name (if applicable) and contact information shall appear in the association's printed directory and the association website. An Oregon Regular Member shall have one (1) vote in the conduct of association business, and is eligible to hold an office in the association. The first county listed in the Directory is free. Additional counties are \$5.00 each.

Dues are pro-rated for an Oregon Regular Member on a quarterly basis. Here are the pro-rated fees:

January – March	\$150.00	August – September	\$75.00
April – July	\$112.50	October – December	\$37.50

Oregon Associate Membership - \$75.00

An Oregon Associate membership in the association shall be open to any person whose business, or the business for which he/she works, is engaged in the private process serving business within the State of Oregon and whose conduct is in compliance with all state, county and city statutes and court rules controlling private process serving. An Oregon Associate Member's name and company name (if applicable) and contact information shall appear only in the association's printed directory with only one listing in the Associate's primary county of business. The Oregon Associate member will not be included on the website and will have to pay a nominal certification fee for online and onsite educational classes. An Oregon Associate Member has no vote in the conduct of association business and cannot hold an office in the association.

Affiliate Membership - \$50.00

An Affiliate Membership shall be open to any person whose conduct is in compliance with all state, county and city statutes and court rules controlling private process serving in their state, and (a) who is engaged in the private process serving business outside the State of Oregon, (b) is engaged in business related to the private process serving industry, or (c) is a supporter of the private process serving industry in the State of Oregon. An Affiliate Member shall appear in the association's printed directory and on the website, designated as an Affiliate Member. An Affiliate Member has no vote in the conduct of association business and cannot hold an office in the association.

Please contact me regarding advertising in the OAPS Directory and/or Newsletter.

**7. Membership Dues Total:**

Application Fee (required)	\$ <u>    \$25    </u>
Membership Dues	\$ <u>                    </u>
Extra Counties (\$5.00/each)	\$ <u>                    </u>
Legislative Contribution	\$ <u>                    </u>
<b>TOTAL DUE</b>	<b>\$ <u>                    </u></b>

**Make check payable to OAPS.**

Remit to: Oregon Association of Process Servers  
8630 SW Scholls Ferry Road, PMB 193  
Beaverton, OR 97008-6621  
Phone: 5503.626.8197  
Email: administrator@oapsonline.com

I, the undersigned, authorize OAPS to investigate the statements made on this application and my qualification for membership. If I am approved for membership, I agree to abide by the OAPS Bylaws and Code of Ethics. I hereby declare the above statements are true and correct.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_