

I hereby apply for Friends of SDOP status in the Sons and Daughters of Oregon Pioneers. I understand that Friends of SDOP are entitled to all rights and privileges of membership in the organization except for that of voting and holding office. Note: Friends of SDOP may serve on, and chair, committees of the organization.

If I am working on my proof of ancestry required for full membership in the Sons and Daughters of the Oregon Pioneers, I understand that my current year Friends of SDOP dues may be applied to the current year's dues and fees for full membership. I understand that only one year's Friends of SDOP dues can be so applied.

Name:

_____
First, Middle, (Maiden), Last

Address:

_____

City, State, Zip:_____

Preferred Phone Number:_____

Type of phone (Home, work, mobile): _____

Email address:

_____

_____ _____
Signature Date

If you are related to a current member(s) of the Sons and Daughters of the Oregon Pioneers, please list them below and state the relationship:

_____

Please mail this application and a check for $30.00 to:

Sons and Daughter of Oregon Pioneers
PO Box 6685
Portland, OR 97228-6685

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