



United States Ombudsman Association

Annual Membership – 2010

(Membership is based on the calendar year and dues are payable in January of each year.)

Please note corrections to any inaccurate information concerning you on this form.

Name:
Title:
Office:
Address:

Office phone:
Office fax:
E-mail:

Website: **Link URL to USOA website?** Yes No
Membership category: **Date Joined:**

Level of Government:

Federal or National State or Provincial Local Government Not Applicable

Jurisdiction: <i>(check one)</i>	General (multiple agencies/subjects)	Internal/Personnel
	Children/Families	Long Term Care
	College/University	Public Schools
	Corrections	Transportation
	Criminal Justice/Law Enforcement	Workers' Comp
	Environment	Other _____
	Healthcare	Not Applicable

Structure: Legislative ombudsman defined in law Executive ombudsman defined in law
(check one) Executive or agency ombudsman not defined in law Not Applicable

Committees and Chapters:

I am interested in serving on these USOA committees *(check all that apply)*:

- Conferences/Training
- Membership
- Member Services
- Outreach & Development
- Crisis Management Team

I am interested in participating in these USOA chapters *(check all that apply)*:

- Children/Families
- Corrections
- Healthcare
- Municipal Government
- Public Schools

Please provide a brief description of your office:

Category of Membership:

- \$150 - Voting Membership (An incumbent public sector ombudsman, or paid or unpaid staff members of an ombudsman office of a public official who performs the ombudsman function.)
- \$125 - Associate Membership (Any person who is committed to promoting and encouraging the purposes of USOA.)

Please make check payable to "USOA" and mail it with this completed form to:

United States Ombudsman Association, 5619 N.W. 86th St., Ste. 600, Johnston IA 50131-2955.

For credit card payments, please indicate:

Billing Address: _____:

MasterCard ____ Visa ____: Credit Card # _____: Expiration Date _____:

CVV2 (three-digit number in signature space) _____. Mail the form to the above address or fax it to: 515-327-5050.

Questions? Call 515-225-2323