



## United States Ombudsman Association Annual Membership – 2007

(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:**  
**Membership category:**

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

**Level of Government:**

- Federal or National     State or Provincial     Local Government     Not Applicable

**Jurisdiction:**  
*(check one)*

- |   |   |
|---|---|
| <input type="checkbox"/> General (multiple agencies/subjects) | <input type="checkbox"/> Internal/Personnel |
| <input type="checkbox"/> Children/Families                    | <input type="checkbox"/> Long Term Care     |
| <input type="checkbox"/> College/University                   | <input type="checkbox"/> Public Schools     |
| <input type="checkbox"/> Corrections                          | <input type="checkbox"/> Transportation     |
| <input type="checkbox"/> Criminal Justice/Law Enforcement     | <input type="checkbox"/> Workers' Comp      |
| <input type="checkbox"/> Environment                          | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Healthcare                           | <input type="checkbox"/> Not Applicable     |

**Structure:**  
*(check one)*

- Legislative ombudsman defined in law     Executive ombudsman defined in law  
 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.)  
 Honorary Membership

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

United States Ombudsman Association, 8345 University Blvd., Ste F-1, Des Moines IA 50325.

**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: 515-225-6363.

**Questions?** Call 515-225-2323