



**NEW MEMBER APPLICATION FORM**

**2022-2023 Select Membership Level:**

- Active Member over 50: Full voting rights; \$800/year
- Active Member 50 and under: Full voting rights; \$400/year
- Scholar Alumni Member: Full voting rights; \$0/year

Name: \_\_\_\_\_  
(Prefix) (First) (Middle) (Last) (Suffix)

(Name you wish to be called): \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Social Media Links: \_\_\_\_\_

Preferred Communication Type: \_\_\_\_\_

I would describe my ethnic background as: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Office: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Does your company offer matching gift funds? \_\_\_\_\_

Alma Mater: \_\_\_\_\_ Degree/s: \_\_\_\_\_

Who introduced you to ARCS Foundation Oregon? \_\_\_\_\_

Please describe why you are interested in joining ARCS Foundation Oregon: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please share what excites you about ARCS Oregon's mission to advance science and technology:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share a brief bio including personal interests professional and educational background and membership and participation in professional associations, charitable foundations, and nonprofit organizations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach an uncropped headshot when you submit your completed application. Thank you!**