

**Member Media Usage Permission Form - Interactive**

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I also grant permission for **my home address, my mailing address and my phone number** to be published in my chapter’s yearbook and possibly in Oregon State Organization’s Leadership Directory to be shared with members in our Chapter, and as needed with members around Oregon and in International.

Name (Please print if using a paper copy.) DOB

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 Date

Signature or E-Signature Using Your Member Number

Please return paper forms to the state administrative secretary.

Bonita Fillmore, 1803 Lancaster Ave., Klamath Falls, OR 97601

OR – Email this completed interactive form to **bfillmore55@gmail.com****.**

Address questions to state president.