

WILLAMETTE VALLEY SPECIALTY SEED ASSOCIATION
WVSSA MEMBER PROFILE

Member Information

Company Name: _____ **Contact Name:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email Address: _____

Phone Number: _____

Member Type Election: _____

Active (AC), Associate (AS), Homestead (HS), Honorary (HN), Not Active (NA)

Active and Homestead Member Pinning Information

Pinning Flag Company Name Initials: _____ (Limited digits)

Map Pinning

Representatives

Name

Cel Phone

Email

Rep. 1: _____

Rep. 2: _____

Rep. 3: _____

Rep. 4: _____

Rep. 5: _____

Return forms to:

Mail: WVSSA PO Box 4054 Salem, OR 97302

Email: office@thewvssa.org

Fax: 503-585-7815

For Questions:

Please feel free to contact us by the above email, or

Contact Bob McReynolds our Association Administrator at:

bob.mcreeynolds@oregonstate.edu

503-678-1264 #125