

MEMBERSHIP APPLICATION  
**Order of The Iron Test Pattern**

Date of Application: \_\_\_\_\_  
 This application is for (please circle as appropriate):

**New membership -- Reinstatement -- Up-grade**

Name: _____ Title: _____ Company: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ E-mail address: _____	Preferred mailing address: Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Other E-Mail: _____
<p><b>Note:</b> We have two distribution lists: The Forum and our Newsletter. You will be added to both lists. The Newsletter is available in text only and HTML. Please indicate your preference.</p>	
<p>Most of our communications is either by phone or e-mail. Please provide both. Please include any websites.</p>	

I started my career in the Broadcast industry in \_\_\_\_\_ (year)

And have been with the following organizations (in order of service):

**Org:** \_\_\_\_\_

**Years:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

**Org:** \_\_\_\_\_

**Years:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

**Org:** \_\_\_\_\_

**Years:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

NOTE: Use separate sheet for additional organizations. Must total years for the rank requested.

Rank requested: \_\_\_\_\_

Endorsements: \_\_\_\_\_

**(see website for ranks, endorsements, etc.)**

There is **no** cost to join. The only costs are for certificates and/or lapel pins.  
 If you do not choose to purchase either of the items below, you will be notified of your membership by Email **only**.

One each Certificate @ \$15.00  
 One each OITP Pin @ \$15.00  
 Shipping and Handling, Add \$5.00  
**TOTAL ENCLOSED**

Amount \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Amount \_\_\_\_\_

*Mail application to:*  
**Order of The Iron Test Pattern**  
 %Larry Bloomfield  
 1980 25<sup>th</sup> Street  
 Florence, OR 97439-9717

Phone: (541) 902-2424  
 Fax: (503) 217-0712  
 E-Mail: [Membership@OITP.org](mailto:Membership@OITP.org)