

# NOHA

## Northwest Oral History Association Member Information Form

NOHA is an all-volunteer, 501c (3) organization, founded in 1985. We believe that oral history is a valuable method to document regional and community identity, and that it may be the best way to ensure that many voices are represented in remembering and understanding our past.

Our historic focus is generally on Alaska, Northern California, Idaho, Montana, Oregon, Washington, and Utah. Our members include interviewers, transcribers, archivists, photographers, filmmakers, researchers, and other enthusiastic individuals working in many areas of oral history. We welcome everyone who has an interest in oral history.

As a member, you will receive our newsletter, twice each year. You will have the opportunity to participate in workshops, conferences, attend meet-ups, apply for scholarships, and receive notices about other activities sponsored by NOHA and our historical associates. Most importantly, membership will connect you with others who share your interest in collecting and preserving historical memories.

**May we include you as a member and contributor to history? Please complete all information on the form below and return it to us, so we can enjoy knowing more about you!**

Join any time! While we are transitioning to a new electronic pay system, please send membership checks to the address at the bottom of this form.

**Can we share your contact information with other members?**      Yes \_\_\_\_\_ No \_\_\_\_\_

**If this is a limited "Yes", please detail what you would like to share.** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Institutional Affiliation (if any)** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Areas of interest:** \_\_\_\_\_

**Race/Ethnicity (This is optional; but is intended to reflect that NOHA values diversity):** \_\_\_\_\_

**Please contact me about volunteering to help with NOHA activities. A few possibilities are listed below.**

**Conference Planning** \_\_\_\_\_ **Newsletter** \_\_\_\_\_ **Membership** \_\_\_\_\_ **Website/Social Media** \_\_\_\_\_

**Other (please describe)** \_\_\_\_\_

**Check One: New Membership** \_\_\_\_\_ **Renewal** \_\_\_\_\_

**Check One: Individual -- one year for \$20** \_\_\_\_\_ **two years for \$35** \_\_\_\_\_

NOHA is a 501 (c) (3) organization. Donations are tax deductible in accordance with IRS Tax Code 170(c). I would like to support the work and programs of the NOHA with a donation of \$ \_\_\_\_\_. (A one year membership is automatic with your donation \$50 or more.)

Make checks payable to NOHA and return this form to:      NOHA Membership  
3439 NE Sandy Blvd., #623  
Portland, OR 97232