



**Oregon Surrogacy Professionals Membership Application**

Business/ Individual Applying for Membership \_\_\_\_\_  
Name of Contact \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Website \_\_\_\_\_  
State Registry Number or professional license number. \_\_\_\_\_

**MEMBERSHIP LEVEL**

- Business Membership 1-5 Employees \$250
- Business Membership 6-10 employees \$350
- Business Membership 11+ employees \$425
- Individual Membership \$125
- Non-Voting Membership (no charge)

What area of surrogacy/assisted reproductive technologies is your business?

- Attorney
- Physician/Clinic
- Funds Holding/Management
- Insurance
- Surrogacy Agency
- Egg Donation Agency
- Surrogacy and Egg Donation Agency
- Mental Health Care Provider
- Other: \_\_\_\_\_

How long have you worked in the surrogacy/ART field? \_\_\_\_\_

Have you worked in the assisted reproduction field in a state outside of Oregon? If yes, please provide details. \_\_\_\_\_

Have you ever been convicted of a crime, received professional sanctions or reprimands, lost your license or been disbarred? \_\_\_\_\_

Email this form to [info@orsurrogacy.com](mailto:info@orsurrogacy.com).

**OSPA yearly membership fees should be made out to OSPA, and mailed to:  
OSPA Treasurer, C/O Kimberly Hennessy, ORM Fertility, 808 SW 15<sup>th</sup> Ave, Portland, OR 97205**