



Associate Membership Application

The associate membership category is open to companies and/or individuals with an interest in the petroleum and convenience industry, but are not licensed in Ohio as a petroleum marketer or petroleum retailer.

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Contact (First/Last Name): \_\_\_\_\_ Title: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Contact\* (First/Last Name): \_\_\_\_\_ Title: \_\_\_\_\_

(\*If different from Primary Contact)

Billing Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

We understand that membership in OPMCA is on an annual basis, (July 1-June 30). The annual membership investment of **\$675** must accompany this application. Pursuant to the federal Omnibus Budget Reconciliation Act of 1993, 17% of your dues are not tax deductible, as they are used for lobbying purposes. We also understand that acceptance is at the discretion of the OPMCA Board of Directors and their appointed agents and that membership will not be final until confirmed in writing by OPMCA headquarters.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>Payment</u></b>	
Associate Dues.....	\$675.00
Total Amount Enclosed.....	\$ _____
<b><u>Payment Method</u></b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX	
Name as appears on Credit Card (Please print): _____	
Card Number: _____	Expiration: _____ CVV: _____
Card Holder Signature: _____	Date: _____

Please return this form completed to:  
OPMCA, 17 S. High St., Ste. 810, Columbus, Ohio 43215  
**Questions?** Call us at 614.947.8646.