



MEMBERSHIP APPLICATION - ALLIED MEMBER

For distributors, reps and industry partners

ANNUAL* DUES: \$150.00

Company Information

Name of company _____

Address _____ City _____ State _____ Zip _____

Phone (____) ____ - _____ FAX (____) ____ - _____ Cell (____) ____ - _____

Representative name and title _____

E-mail _____

Type of business/service (please be specific) _____

Signature _____ Title _____

I'm Interested in (discounts for Allied members)

- Sponsoring and exhibiting at OPCA events (see www.opca.org).
- Advertising in *Crack and Crevice*, OPCA's quarterly newsletter.

Payment options

Our check is enclosed for \$150 payable to "OPCA" at **PO Box 2244, Salem, OR 97308-2244**

Charge my Visa/Master Card.

Card Number: _____ Exp. date: ___/___ Sec Code _____

Name on card: _____

Address (Card): _____ City _____ St _____ Zip _____

Send us an invoice (Billing contact if different than above) Billing same as above contact

Billing company _____ Billing contact _____

Address _____ City _____ State _____ Zip _____

Phone _____ e-Mail _____

Note: OPCA's "dues year" is July 1 - June 30

Return to: exec@opca.org or FAX 503-585-8547. QUESTIONS? 503-363-4345