



OMEPA

MEMBERSHIP APPLICATION

For
Vendors, Suppliers, Manufacturers or Other
Associations

New Application or Renewal
For renewal, please submit new or additional changes

Today's Date: _____ Enrollment Year: _____

Company Name: _____

Contact Person: _____ Title: _____

This person(s) will receive all outgoing mail, invoices and responsible for membership decisions. (You may add more names by using the back).

Physical Address: _____

City, State & Zip: _____

P.O. Box, City, State & Zip: _____
(Optional - will be used as address for receiving mail, if provided)

Business Phone # _____ Mobile # _____

Fax # _____ Email Address: _____

Type of Business: _____

Select a Level of Membership Support, (annual membership fee is based upon the select):

<p>[] Platinum Support: \$3,000.00 Benefits; OMEPA Membership, website logos, free advertisement logos on all OMEPA publications as a platinum member, First choice of conference booth & electric, with 30-minute presentation.</p>	<p>[] Gold Support: \$1,500.00 Benefits; OMEPA Membership, Website logos, free conference booth & electric, conference advertisement support logos</p>	<p>[] Silver Support: \$ 750.00 Benefits; OMEPA Membership, Website logos, free conference booth & electric</p>
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OMEPA is a member-driven organization. Annual membership dues are based upon your selection of support, Platinum, Gold or Silver levels of support and all applications are up for renewal on January 1st of each year. For submitting new or renewing membership applications or questions; Please mail them to OMEPA Office of Treasurer, Att: Randy Taylor at 2262 S. Troost Ave., Tulsa, OK 74114-1348. Questions, please call Randy Taylor (918) 260-8075 or Larry Dalton at (580) 931-6226. **Beginning 01/01/2019 all vendors, suppliers, manufacturers or other associations seeking membership with OMEPA, must select an option of support. If an previous payment has been made toward the 2019 membership application, that payment will be applied to your support level with the balance required.**

Application Signature: _____, Date: _____

Print Signature Name: _____

Source of Payment: [] Cash or check, [] Credit card payment, [] Other _____