



1 Company Information

Please **PRINT** or **TYPE**. All correspondence will be sent to the individual at the address listed below.

COMPANY NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME _____ TITLE _____

DIRECT E-MAIL _____ DIRECT PHONE _____ DIRECT FAX _____

GENERAL PHONE _____ GENERAL FAX _____ WEBSITE _____

THIS FORM WAS COMPLETED BY:

SIGNATURE _____ PRINT NAME _____ DATE _____

2 Contact Names

The individuals listed below will be included in the next edition of the Membership Directory. Please include address information only if it is different than BOX 1. Make additional copies of this form if needed.

NAME _____ TITLE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ DIRECT PHONE _____ DIRECT FAX _____

Ⓞ Check here if individual should receive correspondence.

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ DIRECT PHONE _____ DIRECT FAX _____

Ⓞ Check here if individual should receive correspondence.

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ DIRECT PHONE _____ DIRECT FAX _____

Ⓞ Check here if individual should receive correspondence.

3

Annual Dues

Annual Dues (Based on Aftermarket Sales)

Please Check One:

- | | |
|---------------------------------------------------|---------|
| <input type="radio"/> Up to \$500,000 | \$523 |
| <input type="radio"/> \$500,000 to \$1 million | \$935 |
| <input type="radio"/> \$1 million to \$5 million | \$1,843 |
| <input type="radio"/> \$5 million to \$10 million | \$3,438 |
| <input type="radio"/> \$10 million and up | \$5,363 |
| <input type="radio"/> International Members | \$688 |
| <input type="radio"/> Affiliate Members | \$688 |

4

Business Information

The following is submitted for consideration by the Board of Directors in connection with the application for membership.

Marketing Region _____

Year Founded _____ Number of Employees _____

Tell us about your Company: _____

Number of locations/branches _____

- Manufacturer Distributor Independent Manufacturers' Representatives (IMR)
 Other (Please explain) _____

Other associations of which your company is a member: _____

The three major products categories your company sells, in order of importance:

1. _____ 2. _____ 3. _____

Major brands your company distributes:

- _____
- _____

Briefly indicate what benefits you expect from your membership: _____

General Comments: _____

I have read and agree to adopt the limited warranty and product liability policies of OPEAA; and to abide by the Code of Ethics; and attest that all information provided is true and accurate to the best of my knowledge.

Signed: _____ Date: _____

Send your dues investment check to, or contact us at:
The Outdoor Power Equipment Aftermarket Association ● 341 South Patrick Street ● Alexandria, VA 22314
Phone: 703-549-7608 ● Email: opeaa@opeaa.org
Or for a quick and easy way to join go online to complete application.