



# 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.

Please continue to next page

# 3

## Annual Dues

Annual Dues (Based on Aftermarket Sales)  
Please Check One:

- Up to \$500,000 \$540
- \$500,000 to \$1 million \$965
- \$1 million to \$5 million \$1,900
- \$5 million to \$10 million \$3,545
- \$10 million and up \$5,525
- Regional Distributor \$770
- International Members \$710
- Affiliate Members \$710

# 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:

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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:

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Briefly indicate what benefits you expect from your membership: \_\_\_\_\_

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General Comments: \_\_\_\_\_

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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: \_\_\_\_\_

Please prorate your first year's dues to January 31.  
 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.