



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 _____

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.

Annual Dues

Annual Dues (Based on Aftermarket Sales)

Please Check One:

- Up to \$500,000 \$ 575
- \$500,000 to \$1 million \$1,025
- \$1 million to \$5 million \$2,020
- \$5 million to \$10 million \$3,755
- \$10 million and up \$5,850
- Regional Distributor \$ 810
- International Member \$ 750
- Affiliate Member \$ 750

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: _____