



COMPANY INFORMATION

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

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

GENERAL PHONE: _____ WEBSITE: _____

PRIMARY CONTACT NAME: _____

PHONE: _____ EMAIL: _____

BILLING CONTACT (if Different from above) NAME: _____

PHONE: _____ EMAIL: _____

ADDITIONAL CONTACTS to receive correspondence:

Name _____

Title: _____ Email: _____

Name _____

Title: _____ Email: _____

Name _____

Title: _____ Email: _____

Name _____

Title: _____ Email: _____

ANNUAL DUES- 2021 Annual Dues (Based on Aftermarket sales)

Dues period is January to December. Please Check a category:

<input type="radio"/>	Up to \$500,000	\$ 615
<input type="radio"/>	\$500,000 to \$1 million	\$1,090
<input type="radio"/>	\$1 million to \$5 million	\$2,150
<input type="radio"/>	\$5 million to \$10 million	\$3,985
<input type="radio"/>	\$10 million and up	\$6,245
<input type="radio"/>	Regional Distributor	\$ 865
<input type="radio"/>	International Member	\$ 799
<input type="radio"/>	Affiliate Member	\$ 799

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: _____

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: _____

Print
Name: _____

PLEASE SUBMIT FORM TO: OPEAA - 1605 King Street - Alexandria, VA 22314 Phone: 703-549-7600
Email: sshomers@opei.org