



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 _____ CELL PHONE _____

GENERAL PHONE _____ WEBSITE _____ FAX _____

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 this individual should receive correspondence.

NAME _____

STREET ADDRESS (*skip if same as above*) _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ DIRECT PHONE _____ DIRECT FAX _____

Check here if this individual should receive correspondence.

NAME _____

STREET ADDRESS (*skip if same as above*) _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ DIRECT PHONE _____ DIRECT FAX _____

Check here if this individual should receive correspondence.

Annual Dues

Annual Dues (Based on sales of Parts and Accessories)

- Please Check One:
- | | | |
|-----------------------|-----------------------------|---------|
| <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' Representative (IMR)

Other (please explain) _____

Other associations of which your company is a member: _____

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

1. _____ 2. _____ 3. _____

Any major brands your company distributes: _____

Briefly indicate the benefits you expect from your membership: _____

General Comments: _____

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

Signed _____ Date _____

- Dues period from January to December 31, 2022 -
OPPAA – 1605 King Street – Alexandria, VA 22314
Phone: 703-549-7608 – Email: sshomers@opei.org