



## 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 mark the applicable tier:

- Up to \$500,000 \$ 695
- \$500,000 to \$1 million \$1,195
- \$1 million to \$5 million \$2,350
- \$5 million to \$10 million \$4,395
- \$10 million and up \$6,750
- Distributor Member \$ 995
- Affiliate Member \$ 995

Updated December 12, 2022

## 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, 2023 -**

OPPAA – 1605 King Street – Alexandria, VA 22314

Phone: 703-549-7608 – Email: [sshomers@opei.org](mailto:sshomers@opei.org)