



# Grow Your Business with OPCA!

## Active Membership Application

Any business (individual, sole proprietorship, partnership, or corporation) principally engaged as a liquid fuels equipment contractor for at least 2 years may apply for Active membership. You should be involved in the regular installation, testing, removal and/or repair/service of liquid fuels storage and/or handling equipment for your customers, either by your own personnel or by independent repairmen/installers whose work you warrant.

Company Name: \_\_\_\_\_

Company Category (check all that apply): Equipment Distributor: \_\_\_ Equipment Installer: \_\_\_

Equipment Maintenance/Testing Firm: \_\_\_ Other (please describe): \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

We understand that membership in OPCA is on an annual basis. The annual membership investment is based upon the current dues schedule, and must accompany this application. Pursuant to the federal Omnibus Budget Reconciliation Act of 1993, 17% of your dues are not tax deductible, as they are used for lobbying purposes. We also understand that acceptance is at the discretion of the OPCA Board of Directors and their appointed agents and that membership will not be final until confirmed in writing by OPCA headquarters.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Payment</b>	
Active Dues.....	\$ <u>\$475.00</u>
Total Amount Enclosed.....	\$ _____
<b>Payment Method</b>	
<input type="checkbox"/> Check	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Visa	<input type="checkbox"/> AMEX
Name as it appears on the card: _____	
Card Number: _____	Exp Date: _____
Cardholder Signature: _____	CID # _____

Please return this form completed to:  
OPCA, 17 South High Street, Suite 810, Columbus, Ohio 43215  
Questions? Please e-mail [info@ohiopetroleumcontractors.org](mailto:info@ohiopetroleumcontractors.org).