



CORPORATE MEMBERSHIP APPLICATION FORM

Name: _____

Mailing Address: _____

City & Zip: _____

Daytime Phone: _____ Fax: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Number of Full Time Employees: _____ Date: _____

Corporate Membership fees: 1– 24 (\$20/emp or student); 25 – 199 (\$15/emp or student); 200 -499 (\$12/emp or student); 500-799 (\$10/emp or student); 800-900 (\$9/emp or student); 1000+ (\$8/emp or student)

As corporate members, all your employees and/ or students qualify for the reduced OPHA member rate for conference registration.

Please **do not** submit payment with your Corporate Application. You will be billed upon acceptance of your application.

****Corporate applicants must submit agency or organization vision, mission or purpose of organization: all corporate membership applications must be approved by a ¾ vote of the OPHA Executive Board.****

Vision / Mission / Purpose of Organization:

Please mail, email or fax this page to OPHA: 121 N.E. 52nd St. #260, OKC, OK 73105

www.opha.net opha@opha.net Fax: 405-605-2099