



17 S. High Street • Suite 200 • Columbus, OH 43215
Phone: 614.221.1900 • Fax: 614.221.1989 • OCA@assnoffices.com



Application for Associate Membership

Membership Dues are **\$150** per year

Associate membership - limited to individuals, firms, or corporations engaged in the manufacture of, or distribution of, machinery, equipment, commodity, or services used in the cleaning industry.

PLEASE PRINT OR TYPE

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Main Rep. Name: _____ Title: _____

I understand my company is entitled to three representatives who will receive all OCA member mailings, in addition to the individual listed above. Please send mailing to:

1) Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

2) Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

3) Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Membership Dues Amount: \$150

If you would like additional representatives (more than 3) to receive OCA mailings, they may be added for \$25 each. Please use a separate sheet to list those individuals.

My check for \$_____ is enclosed. Please charge my Visa MasterCard Discover Card AmEx

Card #: _____ Exp. Date: _____

Billing Address: _____

Card Holder Signature: _____

Questions?

Please contact Cami Collingwood in the OCA office: 614/221-1900 ext. 212
Return this form to: OCA Membership, 17 S. High St., Ste. 200, Columbus, OH 43215
Fax: 614/221-1989 - Email: OCA@Assnoffices.com - www.ohiocleaners.org