

# OKLAHOMA GROCERS ASSOCIATION ASSOCIATE MEMBERSHIP APPLICATION

OFFICE USE ONLY

OGA # \_\_\_\_\_

DATE : \_\_\_\_\_

*(Please Print or Type)*

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Type of Business \_\_\_\_\_

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

**OGA Membership Dues \$150.00**

**Mail or Fax To:** Oklahoma Grocers Association  
P.O. Box 18716  
Oklahoma City, OK 73154  
525-9419 800/580-9400  
Fax: 405/525-0962