



Please print clearly.

Date \_\_\_\_\_

Firm Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Contact \_\_\_\_\_ Title in Firm \_\_\_\_\_

**TYPE OF BUSINESS:**

- Manufacturer                       Manufacturers Agent  
 Wholesale Distributor    Allied (Related Services/Products)

**ANNUAL MEMBERSHIP FEE \$235.00**

**Please enclose a cheque payable to the OPIA Sponsors Organization.**

\_\_\_\_\_  
Signature for the applicant company

\_\_\_\_\_  
Date

**Please fully complete Application Form and mail with your cheque (made payable to the OPIASO) to:**

**Rick Butt -Treasurer  
7 Oakwood Ave  
Guelph, Ontario  
N1H 1L7  
Tel: (519) 820-5849**

