



**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 \$200.00

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:

Art Wagar  
76 Guelph Street  
Guelph, ON.  
N1H 5Y8  
Tel: 519.362.0947

