

Invoice Date: February 2017

Invoice Number: OALPRPMem2017

Agency Membership 2017 Form

Agency Name: _____

Official Voting Delegate: _____ Title _____

Agency Address: _____

City _____ Zip _____

Daytime Phone: _____ Fax: _____

E-mail Address: _____

Note: An Agency Membership includes one designate person to vote for the agency
and all personnel working within the agency.

Please supply a list of other personnel including contact information (address, phone, email)

Additional Member(s)	Address	Phone #	Email
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Additional members and information may be listed on a separate sheet and attached to the membership form.

**Annual Membership Dues Invoice
(OALPRP Tax ID 31-1727607)
Agency Membership for the Year 2017
\$75.00**

MAKE CHECK PAYABLE TO: OALPRP

Send this form with check and list of personnel to:
Wood County Solid Waste Management District
Attn: Amanda Gamby

One Courthouse Square, 5th Floor, Bowling Green, OH 43402