

Invoice Date: February 2018

Invoice Number: OALPRPMem2018

Agency Membership 2018 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
----------------------	---------	---------	-------

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 2018
\$100.00**

MAKE CHECK PAYABLE TO: OALPRP
Send this form with check and list of personnel to:
Rural Action
Attn: Andrea Reany
9030 Hocking Hills Dr., The Plains, OH 45780