

2018 Student Membership Application Form

Student Name: _____

College/University: _____ City: _____

Major: _____ Year in School: _____ Planned Year of Graduation: _____

Student Address: _____

City _____ Zip _____

Phone: _____ E-mail Address: _____

Please state why you want to become a student member of OALPRP: _____

Do you support the mission of OALPRP: _____

OALPRP Mission Statement: The Ohio Association of Litter Prevention and Recycling Professionals (OALPRP) is a state wide organization dedicated to professional development by providing leadership, training, and networking opportunities to its members.

Student Signature: _____ Date: _____

Send this application form to:
Rural Action
Attn: Andrea Reany
9030 Hocking Hills Dr., The Plains, OH 45780

Annual Student Membership Dues for the Year 2018 are \$25.00 and will be due upon approval of application by the OALPRP Board