



INVOICE DATE: February 2024

INVOICE NUMBER: OALPRPMem2024

Agency Name: _____

2024 AGENCY MEMBERSHIP FORM

•			
Official Voting Delegate:		Title:_	
Agency Address:			
City:	Zip:		
Daytime Phone:		Fax:	
E-mail Address:			
	ency Membership includes o and all personnel work at of other personnel includir	ing within the agenc	ey.
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 2024

Total Due: \$100.00

MAKE CHECK PAYABLE TO: OALPRP

Send this form with check and list of personnel to:

<u>Montgomery Co Solid Waste</u>

<u>Attn: Chris Hoffman</u>

2550 Sandridge Dr., Moraine, OH 45439

