



## 2024 Student Membership Application Form

Student Name:		
College/University:		City
Year in School (circle): 1 2	3 4	Planned Year of Graduation:
Major:		
Student Address:		
City:	Zip:	Phone:
E-mail Address:		
Please state why you would like to		mber of OALPRP:
Do you support the mission of OA		
_		ecycling Professionals (OALPRP) is a state wide
_		pment by providing leadership, training, and nities to its members.
Signature:		Date:
	Send this appli	cation form to:
	Montgomery (	Co Solid Waste

Montgomery Co Solid Waste
Attn: Chris Hoffman
2550 Sandridge Dr., Dayton, OH 45439

Annual Student Membership Dues for the Year 2024 are \$25.00. Payment due upon approval of application by the OALPRP Board.

