



Brandi N. Schnell, President
 Wanda Schaad, Vice-President
 Alexa Schwaderer, Secretary
 Chris Hoffman, Treasurer

INVOICE DATE: February 2025
INVOICE NUMBER: OALPRPMem2025

2025 AGENCY MEMBERSHIP 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.

<p>Annual Membership Dues Invoice (OALPRP Tax ID 31-1727607) Agency Membership for the Year 2025</p> <p><u>Total Due: \$100.00</u></p>	<p>MAKE CHECK PAYABLE TO: OALPRP</p> <p>Send this form with check and list of personnel to: <u>Montgomery Co Solid Waste</u> <u>Attn: Chris Hoffman</u> <u>2550 Sandridge Dr., Moraine, OH 45439</u></p>
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