



2025 Honorary Membership Application Form

Name:				
Address:				
City			Zip	
Phone:	E-n	nail Address:		
Please Choose:	Retired	Other – Explan	unation Below	
Please explain control between jobs):	urrent employme	nt status (e.g. list currer	ent employer and position or in-transition	
Please state why	you want to beco	ome an Honorary Mem	nber of OALPRP:	
		ave been a member of Committee Member, etc.	OALPRP and ways you have contributed to)
Signature:			Date:	_
		Send this application	on form to:	

Send this application form to:
Montgomery Co Solid Waste
Attn: Chris Hoffman
2550 Sandridge Dr., Dayton, OH 45439

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

