

2025 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 become a student member of OALPRP:

Do you support the mission of OALPRP: YES NO

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.

Signature: _____ Date: _____

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

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

