

# ***CENTRAL OKLAHOMA MANUFACTURERS ASSOCIATION***

## APPLICATION FOR NEW OR RENEWAL MEMBERSHIP

COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STREET ADDRESS: (If Different) \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON/TITLE: \_\_\_\_\_

WWW SITE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NBR OF EMPLOYEES: \_\_\_\_\_ YEAR EST: \_\_\_\_\_ PRIMARY SIC: \_\_\_\_\_

GENERAL BUSINESS DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRIMARY PRODUCTS: \_\_\_\_\_

\_\_\_\_\_

SPECIALTY & EXPERTISE: \_\_\_\_\_

\_\_\_\_\_

CERTIFICATIONS: \_\_\_\_\_

\_\_\_\_\_

**MEMBERSHIP DUES ARE \$50 PER COMPANY PER CALENDAR YEAR  
(JAN 1 – DEC 31). MAKE YOUR CHECK PAYABLE TO THE CENTRAL  
OKLAHOMA MANUFACTURERS ASSOCIATION. MAIL DIRECTLY TO:  
BOB CARTER, 7777 S. MAY AVENUE, OKLAHOMA CITY, OK 73159.**