

# **MANUFACTURERS ASSOCIATION**

## APPLICATION FOR NEW OR RENEWAL MEMBERSHIP

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

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

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

CITY \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

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

NBR OF EMPL: \_\_\_\_\_ ESTABLISHED: \_\_\_\_\_ SIC: \_\_\_\_\_ NAICS: \_\_\_\_\_

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

---

---

---

---

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

---

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

---

MANUFACTURING SALES TAX EXEMPTION PERMIT (MSEP) \_\_\_ YES \_\_\_ NO  
IF YES, MSEP NUMBER \_\_\_\_\_

**MEMBERSHIP DUES ARE \$100 PER COMPANY PER FISCAL YEAR (JULY-YR-JUNE-YR). MAKE YOUR CHECK PAYABLE TO THE CENTRAL OKLAHOMA MANUFACTURERS ASSOCIATION. MAIL TO: BOB CARTER, 13101 S. PENNSYLVANIA AVENUE, BOX 14, OKLAHOMA CITY, OK 73170.**