

# Organization of Professional Referrals

## Membership Application

**Applicant Name:** \_\_\_\_\_  
**Business Name:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_  
**City, State Zip:** \_\_\_\_\_  
**Telephone:**                      **Business:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Web Site:** \_\_\_\_\_

Upon completion of this membership application, accompanied with the receipt of applicable fees, the business category requested will be considered by the membership committee.

**Business Category Requested** \_\_\_\_\_  
 This business category will be reserved as long as the Applicant remains in good standing with the Organization of Professional Referrals (hereinafter "OPR").

**Annual Membership Fees**    The annual membership fee is \$264.00. The fee can be paid in full or in quarterly payments of \$66. If the membership fee is paid in quarterly payments, the entire \$264.00 must be paid by October 1<sup>st</sup>. **Membership fees are non-refundable.**

Payment Options:     \$264.00 annual fee    OR  
     \$ 66.00 quarterly fee for [    ] quarters

**Membership Term:**                      Term is one calendar year, January 1 to December 31.

**Make checks payable to:**    **Organization of Professional Referrals**  
    **Attn: Treasurer**  
    **PO Box 292**  
    **Ebensburg, PA 15931**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

<b>Payment Receipt</b>	Annual Membership Fee    \$ _____	
	Or	
	Quarterly Membership Fee \$ _____	
	<b>Total Payment</b>	\$ _____
_____ Signature of OPR Officer	<b>Date Payment Received</b>	___/___/___