



OAMCCC

2017 VENDOR / AFFILIATE MEMBERSHIP FORM

ANNUAL DUES FOR VENDORS / AFFILIATE MEMBERS

Any individual, business, or organization

\$ 250.00

BUSINESS NAME: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

(city, state & zip)

PHONE: (____) _____ FAX: (____) _____

CONTACT EMAIL: _____

MEMBER NAMES AND TITLES

(Please list all individuals you wish to include for membership)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please submit this form with your OAMCCC Conference Registration Form.

Mail / Fax to: OAMCCC – Jim Link, Treasurer
% Lima Municipal Court
109 N Union St
Lima OH 45801-4929
jim.link@cityhall.lima.oh.us

Contact: (419) 221-5238 Phone
(419) 998-5517 Fax