



OAMCCC

2020 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 and check made payable to OAMCCC to:

Mail: **OAMCCC**
c/o Marianne Collins
Association Strategies, Inc.
423 Hickory Ln
Westerville OH 43081

Contact: mcollins@associationstrategiesinc.com
(614) 440.9229 Phone
(614) 675-9895 Fax

Note: Form may be emailed or faxed, with follow-up check by mail.