



OAMCCC

2022 VENDOR / AFFILIATE MEMBERSHIP FORM

ANNUAL DUES FOR VENDORS / AFFILIATE MEMBERS

Any individual, business, or organization:

\$250 for year 2022

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.
5028 Postlewaite Rd
Columbus, OH 43235

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.