

OPMA MEMBERSHIP APPLICATION FORM

STEP 1: CONTACT INFORMATION			
Company Name:			
Address: (to appear in membership	directory)		
City:	City: Province or State:		
Country:	Postal or Zip Code:		
Company Website Address:			
Billing Address: (if different from ab	ove)		
City:	Province or State:		
Country:	Postal or Zip Code:		
Primary Contact:			
Title:			
E-mail Address:			
Phone Number:	Extension:	Company Fax Number:	
Secondary Contact:			
Title:			
E-mail Address:			
Phone Number:	Extension:	Company Fax Number:	
BUSINESS TYPE (Check all that apply Grower Retailer Fresh Cut Operator Importer Commodity Association	Packer Broker	Shipper Distributor nufacturer Transportion / Lo Gov't Association	Foodservice Company ogistics
Other:			
What other Associations do you bel	ong to: BCPMA (CPMA PMA QPMA	-
STEP 2: MEMBERSHIP INFORMATI	ON		
OPTION 1		OPTION 2	
Industry Member		Associate Member	
A produce grower, packer, shipper, broker, wholesaler, food processor, foodservice distributor / operator, logistics company, retailer or any other actively engaged member of the produce industry supply		An association or not-for-profit organization actively engaged in the produce industry. Associate \$400.00 + Taxes	
chain. Industry \$500.00 + Tax	es		
As a potential new member of the OPMA company. Please		any member of the OPMA for s ledge	
Signature:			
Dete			