



It's Time to Renew Your Membership!

6870 Licking Valley Road  
 Frazeyburg, Ohio 43822  
 (740) 828-3400  
 ohiopgma@gmail.com

## 2020 OPGMA MEMBERSHIP APPLICATION

\*\*Please fill in below to ensure that we have the correct information for our database.

COMPANY INFORMATION			
Company:		Company Contact:	
Mailing address:			City:
State:	Zip:	County:	Phone:
Company Email:		Company website:	
If you sell, to whom do you sell? <input type="checkbox"/> Direct to Consumer <input type="checkbox"/> Wholesale <input type="checkbox"/> Both			
What is your primary business interest? (Mark only one)			
<input type="checkbox"/> Fruit Grower	<input type="checkbox"/> Fruit & Vegetable Grower	<input type="checkbox"/> Farm Market	<input type="checkbox"/> Government Institution
<input type="checkbox"/> Vegetable Grower	<input type="checkbox"/> Ag Marketer	<input type="checkbox"/> Farmers' Market	<input type="checkbox"/> Educator
			<input type="checkbox"/> Exhibitor
			<input type="checkbox"/> Student
			<input type="checkbox"/> Other _____
OPGMA MEMBERSHIP			Please list out each type of product that you produce: (to create a searchable directory on our website)
<b>Gross Sales</b>	<b>Fees</b>	<input checked="" type="checkbox"/>	
Tier 1 - Up to \$225,000	\$120		
Tier 2 - \$225,000 to \$500,000	\$200		
Tier 3 - \$500,000 to \$1 million	\$300		
Tier 4 - \$1 million and up	\$400		
Supporter – Retired, educator, researcher	\$50		
Industry Partner	\$120		
CareWorks Affiliate Member	\$120		
<b>MEMBERSHIP TOTAL</b>			
HOW WOULD YOU LIKE TO RECEIVE INFORMATION? **This includes newsletters			
<input type="checkbox"/> Email <input type="checkbox"/> US Postal Mail			
ADDITIONAL COMPANY MEMBERS – CONSIDERED A SUPPORTER (\$50 EACH) **will each receive newsletters and additional OPGMA information			
Name:		Email:	
Name:		Email:	
Name:		Email:	
Name:		Email:	
Name:		Email:	
PAYMENT INFORMATION			
Payment Type: <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Check/Money Order (payable to OPGMA)			
Billing Address:			
Name on Card:		Card Number:	
Exp Date:	CVV Code:	Signature:	