



It's Time to Renew Your Membership!

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## 2025 OPGMA MEMBERSHIP APPLICATION

COMPANY INFORMATION			
Company:		Company Contact:	
Mailing address:			City:
State:	Zip:	County:	Phone:
Company Email:		Cell Phone:	
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:	
<b>Gross Sales</b>	<b>Fees</b>	<input checked="" type="checkbox"/>	
Tier 1 - Up to \$225,000	\$145		
Tier 2 - \$225,000 to \$500,000	\$240		
Tier 3 - \$500,000 to \$1 million	\$360		
Tier 4 - \$1 million and up	\$480		
Supporter – Retired, educator, researcher	\$60		
Industry Partner	\$145		
Sedgwick Affiliate Member	\$145		
Donation to OPGMA Scholarship Fund			
<b>MEMBERSHIP TOTAL</b>			
HOW WOULD YOU LIKE TO RECEIVE INFORMATION?			
<b>**This includes newsletters, emails, association updates, etc.</b>			
<input type="checkbox"/> Email		<input type="checkbox"/> US Postal Mail	
ADDITIONAL COMPANY MEMBERS – CONSIDERED A SUPPORTER (\$50 EACH)			
<b>**will each receive newsletters and additional OPGMA information</b>			
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:	