

OAPT MEMBERSHIP APPLICATION

Please mail this completed portion of the brochure with payment or a purchase order number.

TYPE OF MEMBERSHIP (check box):

\$25 Active New Renewal

\$10 Active—Additional person at same city/town New Renewal

\$25 Associate New Renewal

City or Organization _____

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Phone No. _____

ADDITIONAL INFORMATION

What training opportunities would be of benefit to you? _____

Would you be interested in serving as an OAPT Board Member OR Committee Member? _____

If you are an Associate Member, would you be interested in sponsoring a training session? _____

Other comments: _____

AMOUNT ENCLOSED \$ _____ OR PLEASE BILL CITY/TOWN, PO# _____

Send payment to:

**OAPT US&C, c/o Rebecca Byers
PO Box 70, Bixby, OK 74008-0070**