

June 22, 2016

Quarry Hill Orchards, Berlin Heights, OH

#1 Company Information

Company _____

Address _____

City _____ State/Province _____ Zip _____

Country _____ Company Email _____

Phone _____ Fax _____

Company Website _____

Select a primary business type: *select only one*

- | | |
|---|---|
| <input type="checkbox"/> Fruit Grower | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Fruit & Vegetable | <input type="checkbox"/> Vegetable Grower |
| <input type="checkbox"/> Fruit & Vegetable Grower | <input type="checkbox"/> Roadside Farm Market/Store |
| <input type="checkbox"/> Farmers' Market | <input type="checkbox"/> CSA Farm |
| <input type="checkbox"/> Ag Marketer | <input type="checkbox"/> Student |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Retiree |

#2 Membership Type and Dues

Select the membership type based on your business type

- I am already a member of OPGMA**
- Produce & Marketer Membership Growers**
CSAs, Farm Markets, etc.
 Select dues level based on gross sales
- | | |
|---|-------|
| <input type="checkbox"/> Up to \$225,000 | \$120 |
| <input type="checkbox"/> \$225,000 to \$500,000 | \$200 |
| <input type="checkbox"/> \$500,000 to \$1 million | \$300 |
| <input type="checkbox"/> \$1 million and up | \$400 |
- Industry Partner** \$120
Supplier company to producers & marketers
 Which of the following best describes your business type
- | | |
|---|-------|
| <input type="checkbox"/> Up to \$225,000 | \$120 |
| <input type="checkbox"/> \$225,000 to \$500,000 | \$200 |
| <input type="checkbox"/> \$500,000 to \$1 million | \$300 |
| <input type="checkbox"/> \$1 million and up | \$400 |
- Supporter** \$50
- Industry Partner** \$25
- I am not a member and am not interested in saving money on registration

Membership Total \$ _____

*Annual membership to OPGMA is nonrefundable. Members will receive mailings, faxes, and emails from OPGMA and its approved partner organizations.

#3 Attendee Information

Please print for each attendee

Tour Registration

Member	Non-Member
\$25	\$30

1. _____
Full Name

_____ Email Address

2. _____
Full Name

\$10 \$10

_____ Email Address

3. _____
Full Name

\$10 \$10

_____ Email Address

4. _____
Full Name

\$10 \$10

_____ Email Address

Registration Total \$ _____

#4 Payment Information

No refunds after June 17.

Membership Total \$ _____ + Registration Total \$ _____ = TOTAL DUE \$ _____

Visa MC AmEx Check/Money Order (payable to OPGMA)

Please complete all of the payment information if paying by credit card.

_____ Billing Address

_____ Billing City _____ State/Province _____ Zip _____

_____ Credit Card Number

_____ Expiration Date _____ V-code _____

_____ Name on Card

Authorized Signature—I hereby agree to the terms and conditions of my card issuer agreement.

P: 614-228-4739 • F: 614-221-1989
 Mail: OPGMA • 17 S. High Street, Ste 200 • Columbus, OH 43215