



# Oil Heat Association of Central PA

## APPLICATION OF MEMBERSHIP

The undersigned wish to become a member of the Oil Heat Association of Central PA in the following category:

\_\_\_\_\_ Regular Member

\_\_\_\_\_ Associate Member

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Representative: \_\_\_\_\_

Alternate Representative: \_\_\_\_\_

## PLEASE INCLUDE DUES WITH APPLICATION TO:

**ATTENTION: Jim Barber at Barber Oil & Propane PO Box 268 Ebensburg, PA 15931**

Method of Payment: \_\_\_\_\_ Amount: \_\_\_\_\_ Payment Date: \_\_\_\_\_

**INITIAL MINIMUM DUES EFFECTIVE 01/01/16 TO 01/01/17 \$300 REGULAR MEMBER AND \$150 ASSOCIATE MEMBER PER MEMBER/YEAR.**(This includes lunch)

Describe main business activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Membership approved \_\_\_\_\_ Signature of Secretary \_\_\_\_\_