



Oklahoma Consumer Finance Association Membership Application – Join Today!

Company: _____

Owner's Name/Primary Contact: _____

Company Website Address: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Primary Email*: _____

(Email is used as the primary means of OCFA correspondence and Industry Alerts. Email addresses will not be shared or distributed.)

OCFA By-Laws Dues Article VI Section 1:

Each member shall pay annual dues based upon the number of locations owned and operated by the member.

I hereby certify to OCFA, ownership of [] locations.

(Print Name) (Date)

(Signature)

Annual Dues (\$600.00 per location) Number of Offices: [] x \$600.00 = _____

Active Membership:

Number of Offices/Locations: _____

Associate Membership - \$500 Annually

Associate Membership represents companies doing business in the State of Oklahoma and supplying goods or services to the consumer finance industry.

Applicant's Signature

Date

If paying by check, please return this form with payment to:

OCFA, 105 NE 27th, Oklahoma City, OK 73105
Phone: (405) 528-7705 Fax: (405) 528-7708 Email: lisanewport@okcfa.org

If paying by credit card:

Visa Mastercard Discover American Express

Credit Card # _____ Security Code: _____

Expiration Date: _____ Amount: \$ _____

Billing Address _____

Cardholder's Name _____

Signature _____

Refund Policy: Subject to approval of an application for membership, OCFA membership dues are non-refundable

Dues are billed in full December 1 each year and are due upon receipt of invoice. If joining mid-year, dues are prorated and due in full at the date of application. Please contact OCFA if you have questions or need additional information.