



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 (\$400.00 per location) Number of Offices: [] x \$400.00 = _____

Active Membership:

Number of Offices/Locations: _____

Associate Membership - \$500 Annually

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

Applicant's Signature

Date

Please return this form with payment to:

Oklahoma Consumer Finance Association
105 NE 27th
Oklahoma City, OK 73105
Phone: (405) 528-7705 Fax: (888)600-1320
Email: lisanewport@okcfa.org

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

Please contact OCFA if you have questions or need additional information.