

## 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 corresponde	ence and Industry Alerts. Email address	es will not be shared or distributed.)
OCFA By-Laws Dues Article VI Section 1: Each member shall pay annual dues based upon the nur	mber of locations owned and operate	d by the member.
I hereby certify to OCFA, ownership of [ ] locati	ions.	
(Print Name)		(Date)
(Signature)  Annual Dues (\$400.00 per location) Number	of Offices: [ ] v \$400.00	=
Active Membership:	or ornces. [ ] x \$400.00	
Number of Offices/Locations:		
Associate Membership - \$500 Annually		
Associate Membership represents companies doir industry.	ng business and supplying goods	or services to the consumer finance
Applicant's Signature:		Date:

Please return this form with payment to: Oklahoma Consumer Finance Association, 10001 E. 52nd St., Tulsa, Oklahoma 74146 Phone: 918.280.0300 Email: contact@okcfa.org Refund Policy: Subject to approval of an application for membership. OCFA membership dues are non-refundable. Please contact OCFA if you have any questions or need any additional information.