



Membership Form

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) _____

****NEW** Annual Member Office Dues:**

Offices 1-10 =\$400 each _____ Offices 11+=\$200 each _____

Total Amount Due _____

Associate Member Dues: \$400 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 dues to:

Oklahoma Consumer Finance Association

Attn: Craig Stanley

10001 E. 52nd St.

Tulsa, OK 74146

Phone: (918) 280-0300

Email: Craig@StanleysStores.com

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