



Oklahoma Pawnbrokers Association

2024 Membership Application

Company/License Name: _____

Store Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Email: _____

Phone: _____ Website: _____

The information provided will be used exclusively for membership benefits, legislative alerts, convention notices, and important industry related information. It will not be sold or shared.

STORE LICENSE NUMBERS

Total Number of Stores: _____ Primary Store License #: _____

Please List Additional Store License Numbers Below (note all physical addresses on back):

2. _____ 3. _____ 4. _____

5. _____ 6. _____ 7. _____

8. _____ 9. _____ 10. _____

Membership Dues Enclosed

Annual Dues for 1st Store

\$350

Annual Dues for Each Additional Store

\$100

TOTAL: \$ _____

Please make cash, check, cashiers check, or money order payable to: OKLAHOMA PAWNBROKERS ASSOCIATION

Mail or E-mail the completed application:

P.O. BOX 8163

OKLAHOMA CITY, OK 73153

(405)-361-0995

oklahomapawnbrokersassociation@gmail.com

Retain a copy of this application for your records. If you have any questions, please call or email.

Thank you for your Membership! Visit our website @ www.opainfo.org