



Oklahoma Pawnbrokers Association

2024 Associate Membership Application

Business Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

By including your e-mail address, you will receive legislative alerts, convention notices, and important information related to our industry. You will not receive any spam and your email will not be given to anyone outside the OPA.

Please List Handles for Advertisements:

Website: _____

FaceBook: _____

Instagram:@ _____

Twitter (X):@ _____

Other: _____

Credit/Debit Card Information:

Type of Card: _____ (Visa, MC, AMEX)

Name on Card: _____

Card #: _____ Exp. Date: _____

Billing Address: _____

If using a card as payment, please check the box below and sign.

☐ I give the OPA permission to charge my card for \$350 for my annual dues.

X: _____

Date: _____

Associate Membership (Non-Pawnbrokers) Annual Dues: **\$350**

Please make check payable to:

Please mail or E-mail completed Application to:

OKLAHOMA PAWNBROKERS ASSOCIATION

P.O. BOX 8163

OKLAHOMA CITY, OK 73153

(405)-361-0995

oklahomapawnbrokersassociation@gmail.com

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

Thank you for your membership!