



# 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: \$** \_\_\_\_\_

### Credit/Debit Card Information

Name on Card: \_\_\_\_\_ Type of Card (please circle):

Card #: \_\_\_\_\_ VISA DISCOVER

Exp. Date: \_\_\_\_\_ CVV #: \_\_\_\_\_ MASTERCARD AMEX

Billing Address: \_\_\_\_\_

Please make checks payable to:

Mail or E-mail the completed application to:

Or Scan The QR Code to pay by PayPal:

OKLAHOMA PAWNBROKERS ASSOCIATION

P.O. BOX 8163

OKLAHOMA CITY, OK 73153

(405)-361-0995

[oklahomapawnbrokersassociation@gmail.com](mailto:oklahomapawnbrokersassociation@gmail.com)

Retain a copy of this application for your records.

If you have any questions, please call or e-mail.

**Thank you for your Membership!**