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## ASSOCIATE MEMBERSHIP APPLICATION

Company Name \_\_\_\_\_ Year Established \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Website \_\_\_\_\_

Name and title of your company's representation to receive communications:

\_\_\_\_\_

Name of accounting representative: \_\_\_\_\_

An Association Member representative may attend all meetings, seminars, or conventions of the Association, receive pertinent mailings, including newsletters and updates, and be able to participate in all related activities of the Association.

**Membership Dues: \$200.00**

Dues payable upon membership approval.

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This firm certifies that the foregoing statements are correct and agrees, if elected to membership, to abide by all rules, regulations and by-laws of the Association now in force and that may be properly adopted.

Firm Name: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by: \_\_\_\_\_ Company: \_\_\_\_\_