

# OHIO GAS ASSOCIATION

6100 Emerald Parkway  
Dublin, Ohio 43016  
(P) 614.659.5990 (F) 614.659.5993

## ASSOCIATE / MARKETER CLASS MEMBERSHIP APPLICATION

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Name \_\_\_\_\_

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_

(P) \_\_\_\_\_ (F) \_\_\_\_\_

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

Contact Name(s), Phone Number(s), and Address if different from above

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ANNUAL DUES: \$1,000.00 PER YEAR

My check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ is enclosed, which  
constitutes full payment for Associate Class of Membership for the calendar year  
beginning \_\_\_\_\_.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

