



O&P Corporate Membership Application

Company Information (this is how your company will be identified on web site, etc.)

Name: _____

Address _____

City _____ State _____ Zip _____

Web Site _____

Company E-mail _____

Confidential V.O.P.A. Contact Information (this info is used by V.O.P.A. and is not released to public, etc.)

Principals _____

Are your locations ABC certified? _____ Are you a member of A.O.P.A. _____

V.O.P.A. Contact: Name _____

Address _____

City _____ State _____ Zip _____

Office # _____ Cell# _____

Direct E-mail _____

One Time Initiation Fee: \$1,000 Annual Membership: \$1,000

Please Make checks payable to V.O.P.A. and remit payment with this application to:

V.O.P.A.
Attn. Charles Coulter
4338 Williamson Rd.
Roanoke, VA 24012
540-525-0500

In compliance with the Revenue Reconciliation Act of 1993, none of your dues may be deductible as a business expense.