

2012 Student Membership Application Form

Student Name: _____

College/University: _____ City: _____

Major: _____ Year in School: _____ Planned Year of Graduation: _____

Student Address: _____

City _____ Zip _____

Phone: _____ E-mail Address: _____

Please state why you want to become a student member of OALPRP: _____

Do you support the mission of OALPRP: _____

OALPRP Mission Statement: The Ohio Association of Litter Prevention and Recycling Professionals (OALPRP) is a state wide organization dedicated to professional development by providing leadership, training, and networking opportunities to its members.

Student Signature: _____ Date: _____

Send this application form to:
Wood County Solid Waste District
Attn: Amanda Gamby
639 S. Dunbridge Rd., Suite 3, Bowling Green, OH 43402

Annual Student Membership Dues for the Year 2012 are \$25.00 and will be due upon approval of application by the OALPRP Board