



*Linda Morckel, President
Cindy Bach, Vice-President
Susan Helterbran, Secretary
Courtney Comstock, Treasurer*

Invoice Date: January 2009

Invoice Number: OALPRPMem2009

Agency Membership 2009 Form

Agency Name: _____

Official Voting Delegate: _____ Title _____

Agency Address: _____

City _____ Zip _____

Daytime Phone: _____ Fax: _____

E-mail Address: _____

Note: An Agency Membership includes one designate person to vote for the agency and all personnel working within the agency.

Please supply a list of other personnel including contact information (address, phone, email)

<u>Additional Member(s)</u>	<u>Address</u>	<u>Phone #</u>	<u>Email</u>
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Additional members and information may be listed on a separate sheet and attached to the membership form.

**Annual Membership Dues Invoice
(OALPRP Tax ID 31-1727607)
Agency Membership for the Year 2009
\$75.00**

MAKE CHECK PAYABLE TO: OALPRP

Send this form with check and list of personnel to:
North Central Ohio Solid Waste District
Attn: Susan Helterbran
1512 S. U.S. Hwy 68, Suite G104, Urbana, OH 43078