MEMBERSHIP APPLICATION

RETURN ALONG WITH PAYMENT TO:
Oklahoma Agribusiness Retailers Association
2309 N 10th Street, Suite E
Enid OK 73701

Questions contact: 580-233-9516
tammy@oklahomaag.org or ashley@oklahomaag.org

Membership Categories

Retail Agribusiness

A business engaged in the actual retail sale of fertilizer and/or agricultural chemicals. Dealers must list additional retail locations and include the additional per location assessment in their membership investment total.

Fertilizer & Agricultural Chemical Sales	**$500**
Additional Assessment per Retail Location	**$200**

Manufacturers **$2300**

Producers of fertilizer and/or agricultural chemicals, petroleum, propane, seed and other crop inputs. Membership includes 3 membership representatives/locations. Additional representatives/locations $100 each.

Wholesalers/Distributors **$1500**

Suppliers, wholesalers, or brokers of fertilizer and/or agricultural chemicals, petroleum, propane, seed and other crop inputs. Membership includes 3 membership representatives/locations. Additional representatives/locations $100 each.

Equipment Manufacturer/Distributors **$1000**

Manufacturers, retailers or distributors of equipment for the fertilizer and agricultural chemicals, petroleum, propane and seed industry. Membership includes 3 membership representatives/locations. Additional representatives/locations $100 each.

Associate Services **$500**

Persons or business engaged in the providing of goods and services associated with the agricultural industry. *Example: consultants, laboratories, computer software*

Government/Educational **$60**

(Does not include directory)

Retired **$75**

(Does not include directory) Persons no longer actively employed yet still would like to keep up with industry issues. May attend industry events at member rate.

OARA dues are not deductible as a charitable contribution for tax purposes, but continues to be

FIRM _____

MANAGER _____

MAILING ADDRESS _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

COUNTY _____

PHONE _____

EMAIL _____

Please use this section for additional representatives/locations:

FIRM _____

MANAGER _____

MAILING ADDRESS _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

COUNTY _____

PHONE _____

EMAIL _____

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