

AFFILIATE MEMBERSHIP APPLICATION

The undersigned hereby makes application for membership in the Outdoor Power Equipment Institute, Inc. with the understanding that this membership will remain in force to the end of the fiscal year for which dues have been paid or committed in accordance with the bylaws of the Institute when membership may be formally terminated in writing.

COMPANY NAME:			
CRITERIO	N FOR AFFILI	ATE MEMBERSH	HIP
Firms eligible for affiliate membership are that are not eligible for regular or asso educational, and research expertise of th statistical data from OPEI market data pro	ociate membershie association. <i>A</i>	nip and will contrib	oute to the scientific, technical
Annual dues for affiliate membership are time membership application fee of \$250	•		•
Mailing List Designations			
Please designate a key representative* to re	eceive all general	and official commun	ications from OPEI.
Key Representative:			
Mailing Address:			Title
City:	State:		Zip:
Main Telephone:		Fax:	
Direct Phone No.:		Website:	
Email:			
*Please provide the name of an alternative	representative fo	r your organization:	
Alternative Representative:			
Direct Phone No.:	Name		Title
Please return to:	Ms. Kristen Reamy		

Outdoor Power Equipment Institute, Inc. 341 South Patrick Street, Alexandria, VA 22314 Phone: (703) 549 7600; Fax: (703) 549 7604

kreamy@opei.org