



## ASSOCIATE MEMBERSHIP APPLICATION

The Outdoor Power Equipment represents manufactures of small engines, golf cars, utility vehicles, and outdoor power equipment of all power sources – battery, diesel, electric, gasoline, hybrid, propane, and solar – as well as manufacturers of component parts and providers of related services to the industry.

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: \_\_\_\_\_

### CRITERION FOR ASSOCIATE MEMBERSHIP

Any individual, firm, or corporation engaged in the manufacture of outdoor power equipment component products, other than engines, or related services to the industry or to users of outdoor power equipment manufacturers, including but not limited to, the following list of products: (Marketing and technical consultants are not eligible for membership.)

Annual associate member dues for fiscal year 2018 are based on OPE-related sales. Please indicate your range of sales:

- |                          |                               |         |
|--------------------------|-------------------------------|---------|
| <input type="checkbox"/> | Sales up to \$10,000,000      | \$5,725 |
| <input type="checkbox"/> | Sales of \$10,000,000 or more | \$7,950 |

Upon approval by the Board of Directors, a one-time membership application fee of \$250 and the prorated annual dues become payable. The reduced member rates for exhibit space at GIE+EXPO will apply to all organizations that are OPEI members by October 1 of the year preceding the show.

#### Type of Product:

- |                          |                 |                          |                    |                          |                  |
|--------------------------|-----------------|--------------------------|--------------------|--------------------------|------------------|
| <input type="checkbox"/> | Assemblies      | <input type="checkbox"/> | Controls           | <input type="checkbox"/> | Spark Plugs      |
| <input type="checkbox"/> | Attachments     | <input type="checkbox"/> | Decks              | <input type="checkbox"/> | Tires and Wheels |
| <input type="checkbox"/> | Batteries       | <input type="checkbox"/> | Financial Services | <input type="checkbox"/> | Transmissions    |
| <input type="checkbox"/> | Bearings        | <input type="checkbox"/> | Grass Catchers     | <input type="checkbox"/> | Other:           |
| <input type="checkbox"/> | Belts           | <input type="checkbox"/> | Motors             | _____                    |                  |
| <input type="checkbox"/> | Blades          | <input type="checkbox"/> | Mufflers           | _____                    |                  |
| <input type="checkbox"/> | Brakes/Clutches | <input type="checkbox"/> | Oil Filters        | _____                    |                  |
| <input type="checkbox"/> | Catalysts       | <input type="checkbox"/> | Pulleys            | _____                    |                  |
| <input type="checkbox"/> | Chargers        | <input type="checkbox"/> | Seats              |                          |                  |

Please enclose with your application a descriptive brochure of products, if available.



### Mailing List Designations

Please designate representatives to receive all general and official communications from OPEI.

Key Representative: \_\_\_\_\_

Name

Title

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Main Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Direct Phone No.: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_

Alternative Representative: \_\_\_\_\_

Name

Title

Direct Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Contact (if different than Key Representative): \_\_\_\_\_

Name

Title

Direct Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

### Please return to:

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