



APPLICATION FOR NEW OR RENEWAL MEMBERSHIP

COMPANY NAME: _____

MAILING ADDRESS: _____

STREET ADDRESS: (If Different) _____

CITY _____ ZIP: _____

PHONE: _____ FAX: _____

CONTACT PERSON / TITLE: _____

WWW SITE: _____ E-MAIL: _____

NBR OF EMPL: _____ ESTABLISHED: _____ SIC: _____ NAICS: _____

GENERAL BUSINESS DESCRIPTION: _____

PRIMARY PRODUCTS: _____

SPECIALTY & EXPERTISE: _____

MANUFACTURING SALES TAX EXEMPTION PERMIT (MSEP) ___YES ___NO

IF YES, MSEP NUMBER _____

**MEMBERSHIP DUES ARE \$100 PER COMPANY PER FISCAL YEAR (JULY-YR-JUNE-YR).
MAKE YOUR CHECK PAYABLE TO THE CENTRAL OKLAHOMA MANUFACTURERS
ASSOCIATION. MAIL TO: BILL SHERMAN, PO BOX 891745, OKLAHOMA CITY, OK 73189.**