

OPK MEMBERSHIP FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREFERRED Contact Phone _____

E-MAIL _____

OPK DOES NOT SHARE E-MAIL ADDRESSES

Dues are \$35.00 per year

Period covered: January 1 – December 31, 20__

Make checks payable to: OPK

PAYMENT BY:

Check # _____ or Cash _____ Amount _____

Mail to: Ashley Schipull
17721 W. Cocoraque Lane
Marana, AZ 85653

Membership List is for PERSONAL USE ONLY by OPK members!

Date received by Membership _____