



## Ohio AgriBusiness Association

5151 Reed Rd., Suite 126-C

Columbus, OH 43220

Tel (614) 326-7520 Fax (614) 326-7519

[www.oaba.net](http://www.oaba.net)

## Membership Application

Any person, firm, or corporation doing business in Ohio is eligible to become a member of the Ohio AgriBusiness Association. Said person, firm, or corporation must have an established business with the facilities and equipment to conduct business, and possess all the licenses, permits, and other documents required by Ohio law.

### Membership Investment Schedule

Total annual volume of business conducted in Ohio including branches, if applicable:

Class	Ohio Sales Volume	Annual Dues	Additional Mailings included w/Membership
A	\$100,000 and under	\$ 400.00	1
B	\$100,001 - 5,000,000	700.00	3
C	\$5,000,001 - 10,000,000	1,500.00	6
D	\$10,000,001 - 25,000,000	2,000.00	10
E	\$25,000,001 - 50,000,000	3,000.00	15
F	\$50,000,001 - and over	5,000.00	20

**Additional Mailings** can be purchased for \$75.00 each. Please list mailing information on reverse side. Attach additional sheet(s) if necessary.

Class _____	Membership Dues Investment	\$ _____
Number of additional mailings _____ @ \$75 each		_____
<b>TOTAL</b>		<b>\$ _____</b>

We hereby apply for membership in the Ohio AgriBusiness Association (OABA), and when accepted by the Board of Directors, agree to comply with the Association Bylaws and Code of Ethics. By providing mailing addresses, email addresses, telephone numbers and fax numbers, we consent to receive communications sent by, or on behalf of, the Ohio AgriBusiness Association, including its subsidiaries and affiliates. We also authorize this information to be published in the OABA Directory.



Check here if you do not want this information shared with other organizations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

**Please type or print.** All information in this application will remain confidential. All applications must be approved by the Board of Directors.

**Exact Firm Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail** \_\_\_\_\_ **Mobile/Cell:** \_\_\_\_\_

**Member Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Description of Business:** \_\_\_\_\_

**Please complete the following if applicable:**

Ohio Sales Tax License Number: \_\_\_\_\_

Commodity Handlers License Number: \_\_\_\_\_

Ohio Feed Registration Number: \_\_\_\_\_

Ohio Fertilizer License Number: \_\_\_\_\_

**Additional Mailing Information** (please copy and attach additional listings)

1. Individual Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

2. Individual Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

2. Individual Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**METHOD OF PAYMENT**

☐ Make check payable to the Ohio AgriBusiness Association

☐ Visa ☐ MC

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Amt. to be charged \$ \_\_\_\_\_

Name on Card (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Amt**

**Ck#**

**Cur**

**Ens**