



ASSOCIATE MEMBERSHIP APPLICATION

Supplier, distributor, manufacturer or broker dues are based on annual sales.

Date of Application _____

DUES OPTIONS (BASED ON ANNUAL OHIO SALES)

ASSOCIATE ANNUAL SALES	DUES	WHOLESALER ANNUAL SALES	DUES	BROKER ANNUAL SALES	DUES
0 to 10 million	\$ 525	5 to 20 million	\$1000	0 to 3 million	\$250
10 to 20 million	\$ 630	20 to 50 million	\$1600	Over 3 million	\$500
20 to 30 million	\$ 735	50 to 75 million	\$2100		
30 to 40 million	\$ 840	75 to 100 million	\$2600		
40 to 50 million	\$ 945	100+ million	\$3100		
50 to 60 million	\$1050				
60 to 70 million	\$1155	Each Division	\$ 150		
70 to 80 million	\$1260				
80 to 90 million	\$1365				
Over 90 million	\$2205				

ENVIRONMENTAL/"GREEN" MEMBERSHIP

Environmental "Green" Company - includes the following types of businesses: Recycling (plastic, cardboard, other), Waste Diversion (food scraps, anaerobic digestion), Energy Efficiencies (lighting, cooling, heating), Environmental Consultants \$275

Membership Requirements:

Membership is open to any person, firm or corporation engaged in the distribution of food and grocery products and to any person, firm or corporation engaged in the manufacturing or distribution of equipment, food groceries, or services used or sold by retail food stores.

Please contact Shane Schaefer, OGA Sales Director at shane@ohiogrocers.org or (614) 442-5511 ext 7170, with questions.

What type of membership are you applying for: Associate Wholesaler Broker Environmental

Dues are determined based on the above rates. Please indicate your dues total: \$ _____

COMPANY INFORMATION

Company Name _____

Primary Contact First Name _____ Last Name _____

Primary Contact Title _____

Primary Contact Phone _____ Email _____

Company Address _____

City/State/Zip _____

Company Phone _____ Fax _____

Company Website _____

Will the above primary contact be the dues renewal contact? Yes No

If not, please indicate: First Name _____ Last Name _____

PAYMENT & PROCESSING

Please Bill Me

Check Enclosed

Charge Credit Card

Visa MasterCard AMEX

Account Number _____

Exp. Date _____

Security Code
(back of card) _____

Cardholder Signature _____

Date _____

Please send completed application to:

Ohio Grocers Association
1335 Dublin Road, Suite 30A
Columbus, OH 43215-1000
Phone: (614) 442-5511
FAX: (614) 441-4292
www.ohiogrocers.org