



RETAIL MEMBERSHIP APPLICATION

Membership is open to any retailer engaged in the retail distribution of food and grocery products.

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

<u>OHIO ANNUAL SALES</u>	<u>DUES</u>
0 to 2 million	\$175
2 million to 4 million	\$330
4 to 6 million	\$475
Over 6 million	\$600
\$70 For Each Additional Store	
Maximum Annual Dues: \$3250	

Date _____

Contact Name _____

Title _____

Company (Corporate) _____

Store Name _____

Business Address _____

City/State/Zip _____

County _____

Business Phone() _____ FAX() _____

Cell Phone () _____ E-mail _____

Website _____

Number of Stores _____ Wholesaler(s) _____

If you have more than one store, please attach a separate sheet listing the contact, address and phone number of each store. In addition, please indicate whether you would like to receive mailings at these locations as well.

Our dues as determined from the above rates are:

\$ _____

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

Please bill me Check enclosed

Charge Credit Card Visa MasterCard AMEX

Account Number _____ Exp. Date _____ Security Code (back of card) _____

Cardholder Signature _____ Date _____

Referred by: _____