

OFWIM Organizational Membership Form

Use the form below to become an Organizational Member or renew your current Organizational Membership. Organizational Members may list up to six (6) individuals who will have full member privileges. These individuals will be entitled to vote in the annual elections and hold office. Current members are notified of new newsletters and have access to special OFWIM web content. Current members also receive a discount on the annual conference registration.

The OFWIM annual membership period is January 1 through December 31. To become an OFWIM Organizational Member, please complete and mail the form below with a check or money order (in U.S. dollars) payable to **OFWIM**. Please list the names and contact information for up to six (6) individuals. An organization may have more than one Organizational Membership. For additional Organizational Memberships, please submit a separate list of individuals for each Membership (up to 6 per Organizational Membership).

Send completed form and payment to:

Michael Barbour, OFWIM Treasurer
PO Box 75553
Phoenix, AZ 85087
MBarbour@azgfd.gov

Note: To join or renew your membership online, visit the Membership tab at www.ofwim.org

Organization Name: _____

Primary organization contact:

Name: _____

Title: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone:(____) _____ Fax:(____) _____

Email: _____

How did you hear about OFWIM? _____

OFWIM Organizational Membership Form (continued)

Memberships

Annual Dues

Organization Membership – (you may list up to 6 individuals for Individual Memberships)

\$ 150

Number of Organizational Memberships

X _____

Please pay in U.S. dollars!

\$ _____

Please list up to 5 individuals below plus the Primary Organizational Contact above (for a total of 6), within your organization for Organizational Membership:

1) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(_____) _____ Fax:(_____) _____

Email: _____

2) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(_____) _____ Fax:(_____) _____

Email: _____

3) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(_____) _____ Fax:(_____) _____

Email: _____

OFWIM Organizational Membership Form (continued)

4) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(_____) _____ Fax:(_____) _____

Email: _____

5) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(_____) _____ Fax:(_____) _____

Email: _____