

Date: _____

PANHANDLE STATE ASSOCIATION MEMBERSHIP

Check one: OPSU Student Annual \$10 ___
OPSU Annual Single or Couple \$25 ___
OPSU Lifetime Single or Couple \$250 ___
(see reverse side for life payment plans of desired)

If you reside in downstate Oklahoma, your residence is (please check):

North ___ South ___ of Interstate 40
East ___ West ___ of Interstate 35

Dates attended

Name: _____
Name: _____
Permanent Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

LIFE PAYMENT PLAN OPTIONS (Check one)

_____ OPTION: 1: Five Payments of \$50/month. First month is enclosed;
check four of next 12 months to be billed.

_____ OPTION: 2: Ten payments of \$25/month. First month is enclosed;
Check nine of next 12 months to be billed.

___ January ___ February ___ March ___ April
___ May ___ June ___ July ___ August
___ September ___ October ___ November ___ December

By signing below, I agree to be billed as requested. I understand that failure to complete the payments within one year will void this agreement, and all monies paid will be credited as annual membership payments at the rate then in effect. I also agree to keep the Panhandle State Association apprised of my current mailing address until all payments have been made for the life membership.

Signature

Date