



Membership Nomination Form

Sponsor Information (Please print legibly.)

OPMA Member Firm: _____

Representative: _____ Bus. Phone: (____) _____ - _____

Firm Address: _____
(street address) (city) (state) (zip)

I have reviewed the FPMO Constitution and hereby agree to maintain my/our OPMA membership in good standing and to allocate the time necessary for Nominee to fully participate in FPMO sponsored events as required by the FPMO Constitution.

OPMA Representative Signature: _____

Nominee Information (Please print legibly.)

Name: _____ Years Employed by Company: _____ Age: _____

Job Title: _____ Other Positions Held: _____

Day Phone: (____) _____ - _____ Alt. Phone: (____) _____ - _____ Email: _____

Mailing Address: _____
(street address) (city) (state) (zip)

State Certified Technician: No Yes Categories Held: _____

Description of Job Duties: _____

Education (circle highest level achieved): High School College (yrs) 1 2 3 4 Degree(s): _____

Personal/Professional Membership of Affiliations: _____

Offices Held: _____

Why do you wish to join FPMO? _____

My signature below confirms that I have read the FPMO Constitution, understand the time and participation requirements set forth, and hereby agree to fully participate in FPMO programs and initiatives.

Nominee Signature: _____ Date: _____