



## 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: \_\_\_\_\_