



Membership Application / Renewal

Name: _____

Job Title: _____

Company: _____

Company Address: _____

Office Phone: _____

Mobile Phone: *(internal use only)* _____

Email: _____

Referred By: _____

Membership Level:

- Industry: \$250
- Growers: \$125
- Student: \$40

Billing Information:

Billing Address: *(if different from company address)* _____

Email: _____

Name On Card: _____

Card Number: _____

CVV: _____ Exp Month/Year: _____

Please send the completed form to Shyanna at ssloan@okpecangrowers.com or mail to Oklahoma Pecan Growers Association at 2313 N Broadway, Ada, OK 74820

Questions? Contact us at
admin@okpecangrowers.com or (580) 279-0357