

Oklahoma Predictive Maintenance Users Group OPMUG

APPLICATION & DUES FORM

Individual Member Dues (1-4 members)

Number of individuals this application covers: ____ @ \$100 Each; Total: _____

Corporate Membership (covers 5 or more members from same company)

(Individual names not required): _____ @ \$500

Contact Name: _____ Title _____

Company: _____ Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____ Cell: _____

Individual Member name(s) & Email: (1) _____

(2) _____ (3) _____

_____ (4) _____

PAYMENT METHODS:

Make Checks Payable to: **Oklahoma Predictive Maintenance Users Group or OPMUG**

Please Invoice Purchase Order # _____

Credit Card: _____ Exp. Date: ____/____ CVV2: _____

Name on Card: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Mail or fax to:

OPMUG
Number 297
601 S. Washington St.
Stillwater, OK 74074-4539

FAX: 866-233-0393

Phone: 405-410-1477

Email: lyndyserpan@PinpointPdM.com

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