



2025 OPMA MEMBERSHIP APPLICATION FORM

STEP 1: CONTACT INFORMATION

Company Name: _____

Address: (to appear in membership directory) _____

City: _____ Province or State: _____

Country: _____ Postal or Zip Code: _____

Company Website Address: _____

Billing Address: (if different from above) _____

City: _____ Province or State: _____

Country: _____ Postal or Zip Code: _____

Primary Contact: _____

Title: _____

E-mail Address: _____

Phone Number: _____ Extension: _____ Company Email: _____

Secondary Contact: _____

Title: _____

E-mail Address: _____

Phone Number: _____ Extension: _____ Company Email: _____

BUSINESS TYPE (Check all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Grower | <input type="checkbox"/> Packer | <input type="checkbox"/> Shipper | <input type="checkbox"/> Wholesaler |
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Broker | <input type="checkbox"/> Distributor | <input type="checkbox"/> Foodservice Company |
| <input type="checkbox"/> Fresh Cut Operator | <input type="checkbox"/> Fresh Juice Manufacturer | <input type="checkbox"/> Transportation / Logistics | |
| <input type="checkbox"/> Importer | <input type="checkbox"/> Exporter | <input type="checkbox"/> Gov't Association | |
| <input type="checkbox"/> Commodity Association | | | |

Other: _____

What other Associations do you belong to: BCPMA CPMA PMA QPMA

STEP 2: MEMBERSHIP INFORMATION

OPTION 1

Industry Member

A produce grower, packer, shipper, broker, wholesaler, food processor, foodservice distributor / operator, logistics company, retailer or any other actively engaged member of the produce industry supply chain.

Industry \$600.00 + Taxes

OPTION 2

Associate Member

An association or not-for-profit organization actively engaged in the produce industry.

Associate \$500.00 + Taxes

As a potential new member of the OPMA, agree not to solicit any member of the OPMA for services pertaining to my company. Please initial here to acknowledge _____

Signature: _____

Date: _____