



Supplier Partner Membership Application

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Email: _____

Please write a short description of your business: _____

Membership is \$175 per year plus, if applicable a 3% credit card fee. Please submit your application and we will invoice you for membership dues.

Please be advised that a portion of your membership dues for the year is not deductible as a business expense. This is because a portion of the dues is used by the AZ OHA to carry on lobbying and political activities, as defined under IRC Section 162(e). The amount of your dues which is not deductible is 5% of your entire dues payment. Please consult with your accountant and/or attorney for more info.

Thank you for your support!

Send application to: AZ OHA, 2158 N. Gilbert Rd., Suite 116, Mesa, AZ 85203

or

email to info@arizonaoha.com or fax to 480-966-0442

For more information, call 480-351-7178 or email info@arizonaoha.com