

OTBPA
Membership Form
(Please Type or Print Legibly)

Business Name _____

Address _____

City _____ Zip _____

Phone _____ Fax _____

Email _____

Website _____
(Your site will be linked from the OTBPA web site)

Contact (s) _____

(note: Please add \$10 for each additional member listed)

Business Description (50 words or less)

OTBPA dues are **\$100** per year. Make checks payable to OTBPA. Mail check and Membership/Directory Form to **OTBPA, c/o AEDP, 1729 King Street, Suite 410, Alexandria VA 22314.**

Date: _____