



# CentEx OpEx Consortium Membership Application Form

Company Name \_\_\_\_\_

Site Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Company/Location Description (Include the number of employees at the company/location)**

## Membership Fee Schedule

	No. of Employees	Yearly Fee
Level One	1 - 50	\$2,495
Level Two	51 - 200	\$4,995
Level Three	201 - 500	\$7,495
Level Four	501 +	\$9,995

*There is a \$500 initiation fee for new members.*

**Primary Delegate** \_\_\_\_\_

Title \_\_\_\_\_

Telephone # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Mobile (\_\_\_\_)\_\_\_\_-\_\_\_\_

Fax # (\_\_\_\_)\_\_\_\_-\_\_\_\_ email \_\_\_\_\_

**Alternate Delegate** \_\_\_\_\_

Title \_\_\_\_\_

Telephone # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Mobile (\_\_\_\_)\_\_\_\_-\_\_\_\_

Fax # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email \_\_\_\_\_

**Agreement:** We agree to abide by the Bylaws and Rules of CentEx OpEx Consortium, including financial commitments: \_\_\_\_\_

*Signature (For email submission enter the name)*

**Payments:** Visa  Master Card  Purchase Order  Check or Invoice

Credit Card Info: Card#: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Make checks payable to CentEx OpEx Consortium

**Contact Info:** :512-551-8406; F:888-607-9866 [info@opexsolutions.org](mailto:info@opexsolutions.org); [www.opexsolutions.org](http://www.opexsolutions.org)

**Mail to:** CentEx OpEx Consortium, PO Box 5663, Round Rock TX 78683-5663