



Membership Application

Dues/one-year membership. OACUPPA membership is organization based and is non transferable or refundable. Return completed form with payment to: Sue-Anna Miller, Facilities Management 800 South Tucker Drive, Tulsa, OK 74104. Questions, please email: nathan.kuntz@tulsacc.edu; sue-anna@utulsa.edu.

Full Name: _____ Position: _____
Last First M.I.

Address: _____
Street Address

Phone: _____ Email: _____
City State ZIP Code

Institutional Members: US \$50 (you can list up to three additional members)

Institutional membership applies to organizations who offer Higher Education in the State of Oklahoma.

Full Name: _____ Position: _____
 Email: _____ Phone: _____

Full Name: _____ Position: _____
 Email: _____ Phone: _____

Full Name: _____ Position: _____
 Email: _____ Phone: _____

Business Members: US \$100 for each registered member

Full Name: _____ Position: _____
 Email: _____ Phone: _____

Full Name: _____ Position: _____
 Email: _____ Phone: _____

Full Name: _____ Position: _____
 Email: _____ Phone: _____

Total Fees and Payment

Calculate Total Membership dues payment: \$ _____
 Enclosed is check # _____

Disclaimer and Signature

By completing this membership application you agree to adhere to the OACUPPA bylaws and code of ethics. For a complete copy bylaws and code of ethics, visit www.oacuppa.org/about.

Signature: _____ Date: _____