



**Ohio Pawpaw Growers
Association
(OPGA)**

Circle one: **New member** **Renewal** **Change of address**

Name: _____

Business name: _____

Address1: _____

City: _____ State: _____ Zip: _____

Phone (home) _____ (work) _____ (cell) _____

E-mail address: _____ County: _____

Please make your check or money order (see membership levels below), payable to **OPGA**, and mail with this completed form to:

OPGA
% Dr. Ron Powell
6549 Amelia Dr.
Cincinnati, OH 45241

513-777-8367
Botrytis@fuse.net
www.Ohiopawpaw.com

Membership (annual)

- Student - \$5.00
- Individual - \$15.00
- Family - \$20.00
- Lifetime - \$300.00

Sponsorships:

- Individual - \$35.00
- Family - \$50.00
- Corporate - \$100.00