

OHIO ASSOCIATION OF
PROFESSIONAL SPECIALTY LINES OFFICES



MEMBERSHIP APPLICATION

- New**
- Renewal**

Agency/Agent Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Website _____

Contact Person _____ Email address _____

License Usage ___Wholesaler (MGA) ___Wholesaler ___Broker

Companies represented/licensed _____

States agency/agent writes business _____

Other Professional Organizations to which you belong _____

Written Volume for Previous Year _____

ANNUAL MEMBERSHIP DUES \$125

Please make checks Payable to **OAPSLO** ~ Mail this form and check to:

OAPSLO c/o Jacky Turner
PO Box 29447, Columbus, OH 43229

WWW.OAPSLO.ORG



Membership Statement of Affirmation

I have read and acknowledge [OAPSLO's Statement of Purpose](#). I understand membership is subject to the By-Laws of the Association. New member applications will be presented by the Membership Committee, with or without recommendation, to the Board of Trustees for approval. Such approval shall not be unreasonably withheld and the Board's decision will always be made within 60 days of the application.

Signed:

Title:

Date:
