

OSIP - Organization of Spirit Industry Providers

Membership / Conference Application

Company Name

Street Address

City

State

Zip

Contact Name (Representing your company)

Title

Company Phone Number

Company Fax Number

Contact's Phone Number

Ext.

Contact's Cell Phone Number

Contact's Email Address

Company's Web Site Address

Company's Services / Products (check all that apply)

Apparel / Accessories Instructional Camps Competitions Safety Publication

Corporate Designation

Corporation

Partnership

Sole Proprietorship

LLC

LLP

Other _____

Company's Officers

Name

Title

Name

Title

Name

Title

- Company Membership Fee \$250.00**
Company membership is a requirement for conference and will expire 4/30/2011

- September 2010 Las Vegas Conference Fee - Before Aug 1: \$225 per person**
After Aug 1: \$250 per person

Total \$ _____

Remit check payable to:

OSIP
Po Box 752790
Memphis, TN 38175-2790

Or Credit Card: _____ **Expiration Date:** _____

Name printed on the credit card: _____

Fax: 901-251-5851