



2016 PROGRAM PARTICIPATION FORM

COMPANY NAME _____
 CONTACT NAME _____
 ADDRESS, CITY, STATE, ZIP _____
 PHONE / EMAIL ADDRESS () / _____
 WEBSITE _____

NAME OF OFFICIAL COMPANY REPRESENTATIVE TO SERVE ON OPAL BOARD (PER THE OPAL BYLAWS)

NAMES AND E-MAILS OF COMPANY PERSONNEL WHO SHOULD RECEIVE INFORMATIONAL REMINDERS OF TRAINING SESSIONS (SAVE THE DATE REMINDERS, ETC.)

MEMBERSHIP BENEFITS

Liaison Meetings

- Emergency Responder Liaison Meetings

Mailing Programs

- Excavator Mailer
- Public Official Mailer

Plus

- No extra fee for documentation
- Member driven organization

The following confirms my company's participation in the OPAL 2016 Program.

I acknowledge the cost of \$600.00 per Asset County as a General Member (Pipeline or Distribution System Operator) or \$100.00 per Asset County as an Associate Member (Municipal System or Master Meter Operator) and agree to remit payment in accordance with the terms and conditions of the OPAL Member Agreement. **PLEASE CHECK ALL THAT APPLY!**

Yes, I would like to participate in the OPAL 2016 Program

Please duplicate my 2015 Operator Profile

Please indicate each asset county to be included in the 2016 program.

<input type="checkbox"/> Adair	<input type="checkbox"/> Comanche	<input type="checkbox"/> Jackson	<input type="checkbox"/> Murray	<input type="checkbox"/> Rogers
<input type="checkbox"/> Alfalfa	<input type="checkbox"/> Cotton	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Muskogee	<input type="checkbox"/> Seminole
<input type="checkbox"/> Atoka	<input type="checkbox"/> Craig	<input type="checkbox"/> Johnston	<input type="checkbox"/> Noble	<input type="checkbox"/> Sequoyah
<input type="checkbox"/> Beaver	<input type="checkbox"/> Creek	<input type="checkbox"/> Kay	<input type="checkbox"/> Nowata	<input type="checkbox"/> Stephens
<input type="checkbox"/> Beckham	<input type="checkbox"/> Custer	<input type="checkbox"/> Kingfisher	<input type="checkbox"/> Okfuskee	<input type="checkbox"/> Texas
<input type="checkbox"/> Blaine	<input type="checkbox"/> Delaware	<input type="checkbox"/> Kiowa	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Tillman
<input type="checkbox"/> Bryan	<input type="checkbox"/> Dewey	<input type="checkbox"/> Latimer	<input type="checkbox"/> Okmulgee	<input type="checkbox"/> Tulsa
<input type="checkbox"/> Caddo	<input type="checkbox"/> Ellis	<input type="checkbox"/> Le Flore	<input type="checkbox"/> Osage	<input type="checkbox"/> Wagoner
<input type="checkbox"/> Canadian	<input type="checkbox"/> Garfield	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Ottawa	<input type="checkbox"/> Washington
<input type="checkbox"/> Carter	<input type="checkbox"/> Garvin	<input type="checkbox"/> Logan	<input type="checkbox"/> Pawnee	<input type="checkbox"/> Washita
<input type="checkbox"/> Cherokee	<input type="checkbox"/> Grady	<input type="checkbox"/> Love	<input type="checkbox"/> Payne	<input type="checkbox"/> Woods
<input type="checkbox"/> Choctaw	<input type="checkbox"/> Grant	<input type="checkbox"/> Major	<input type="checkbox"/> Pittsburg	<input type="checkbox"/> Woodward
<input type="checkbox"/> Cimarron	<input type="checkbox"/> Greer	<input type="checkbox"/> Marshall	<input type="checkbox"/> Pontotoc	
<input type="checkbox"/> Cleveland	<input type="checkbox"/> Harper	<input type="checkbox"/> Mayes	<input type="checkbox"/> Pottawatomie	
<input type="checkbox"/> Coal	<input type="checkbox"/> Haskell	<input type="checkbox"/> McClain	<input type="checkbox"/> Pushmataha	
	<input type="checkbox"/> Hughes	<input type="checkbox"/> McCurtain	<input type="checkbox"/> Roger Mills	
		<input type="checkbox"/> McIntosh		

Please return completed form to OPAL at
 101 SW H Ave, Lawton, OK 73501 or fax to (405) 557-8618