



Mail to:
Oklahoma Pawnbrokers Association
P.O. Box 8163
Oklahoma City, OK 73153
Phone (405) 702-6696

Pawnshop Name: _____

Person to Contact: _____

Mailing Address: _____

Location Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email Address: _____ State Pawn License #: PB _____

Signature: _____ Date: _____

Please Check Membership Category:

_____ General Membership \$350 per year

_____ Additional Shop \$100 per year

_____ Associate Member \$300 per year

Enclosed is my check for \$ _____

Please charge my credit card: (circle one) Visa MasterCard American Express Discover

Card # _____ Expiration Date _____ CSC _____

Name on Card _____ Billing Address _____

I hereby authorize the Oklahoma Pawnbrokers Association, Inc., to charge my credit/debit card for the fee indication above

Signature _____