

2024 – 2025 Application Form for Membership **MANUFACTURER**

Please complete the following form to help us determine if membership in OPEESA would benefit your company and if your company meets our Eligibility Requirements as found in our By-Laws under Article IV. Please answer each question fully. Information will be held in confidence by the OPEESA Board of Directors and staff.

Company Name	
Street Address	
City, State, Zip	
Telephone/Fax/	
Website	
s your business a Partnership Corporation Individually Owned	
s your company a Division Subsidiary If so, who is the Parent Company?	
What year was your business established?	
Who are the firm's owners?	
Name	
Address	
Name	
Address	
Who are the firm's officers?	
Chairman	
President	
Vice President	
Secretary	
Treasurer	
What person should be the primary contact at OPEESA?	
Name Title	
Address if different than above	
Email Address	

How did you become aware of OPEESA?

Trade Publication	Business Associate	Other, please specify	
OPEESA Member	Name		
(please list)	Company		
Please list the products	that you manufacture or represent:		
Brand Name	Engines/OEM Parts Types of Equipment	% Sold to OPE Distributors	% Sold to OPE Manufacturers
Please list three (3) OP	EESA Members who are your custo	omers:	
Co. Name:		_ City, State	
Co. Name:		_ City, State	
Co. Name:		_ City, State	
The application process	requires that you have an OPEES.	A Distributor Sponso	r. Please list below.
Sponsor's Name:		Company:	
Annual sales through di	stributors is: \$		
Does this represent at le	east 50% of your company's Annua	ıl Sales of such produ	ucts (or its corporate
divisions)?	Yes No	·	•
	ip in the Outdoor Power Equipmen annual industry sales volume and	•	
	gory describes your company and e amount, to the OPEESA address		l application, with a
	Under \$10 Million	\$2195.0	Ō
	\$10 M to \$49.99 Million	\$2995.0	0
	\$50 M to \$99.99 Million	\$3995.0	ō
	Over \$100 Million	\$4995.0	0
Please sign below and r O	eturn to: utdoor Power Equipment and Engil OPEESA 10421 Hickory Path Suite 103 Knoxville TN 379 Tel: 865.264.8580 Fax: 8	n Way 922	on
Company:	1ei. 005.204.0500 Fax. 0		
Applicant Name:			