

Kentucky Occupational License

Association 2017 Membership Application

MEMBERSHIP RUNS FROM JANUARY 1ST THROUGH DECEMBER 31ST

and Renewal

Name of Organization: _____

Mailing Address: _____

Telephone: _____ FAX: _____

For each Member, Please Provide the Following (Please Type or Print Legibly)

Name _____
Title _____
Email _____

Name _____
Title _____
Email _____

Name _____
Title _____
Email _____

Name _____
Title _____
Email _____

Name _____
Title _____
Email _____

Name _____
Title _____
Email _____

(For additional members, Use Additional Sheet)

Membership Fees: Was Organization Above a Member in 2016? _____ Yes _____ No

_____ **Group Rate** **\$150.00**
* Initial Application 10.00

_____ **Single Member** **45.00**
* Initial Application 10.00

Total Due: _____

Make Check Payable and Remit To:

**KOLA
P.O. Box 1045
Glasgow, KY 42142-1045**