

Kentucky Occupational License Association

2025 Membership Application and Renewal

MEMBERSHIP RUNS FROM JANUARY 1ST THROUGH DECEMBER 31ST

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 2024? _____ Yes _____ No

_____ **Group Rate** **\$200.00**
* Initial Application 10.00 _____

_____ **Single Member** **50.00**
* Initial Application 10.00 _____

Total Due: _____

Make Check Payable and Remit To:

KOLA
C/O Brett Burcham
PO Box 72958
Newport, KY 41072