



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 \_\_\_\_\_