

OMCP Industry Membership: Checklist and Application Form



1. Choose your Membership category:

*My Company is applying to become an:

_____ OMCP Industry Member with [] number of voting seats.

2. Understand the associated Membership fees and fee structure:

- Fee Structure: Fees are relative to revenue. Revenue determines the number of voting seats.

2023 Gross Revenue Reported	Voting Seats (When ratified)	Additional Increments (per \$1 million rounded revenue)	Membership Dues (Range for Revenue Category)
\$0 - 7 million	1	-	\$5,000
\$8 - 20 million	3	\$800	\$5,800 - \$15,400
\$21 - 74 million	6	\$720	\$16,120 - \$54,280
\$75 - 199 million	10	\$372	\$54,652 - \$100,780
\$200 - 499 million	20	\$286	\$101,066 - \$186,580
\$500 - 999 million	20	\$220	\$186,800 - \$296,580
\$1 billion+	30	\$175	\$296,755+

3. Commit to Committee Participation

***Requirements for Approval of OMCP Committee Participation:**

- I assert that our company/institution has demonstrated leadership in the the following online marketing domains and disciplines as evidenced on our website:
 - Domain/Discipline _____ URL _____
 - Domain/Discipline _____ URL _____
 - Domain/Discipline _____ URL _____
- I assert that the following committee appointees have over two years of published work or an online track record of conveying (sharing, teaching, enabling) online marketing practices. Provide links here
 - Name _____ Profile (LinkedIn or other) URL _____
 - Name _____ Profile (LinkedIn or other) URL _____
 - Name _____ Profile (LinkedIn or other) URL _____
 - Name _____ Profile (LinkedIn or other) URL _____

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4. Complete the form and pay the associated fees for OMCP Industry Membership

Send a completed, signed copy of this completed form via email to info@omcp.org, or via postal mail to:

OMCP
PO Box 431
Farmington, MN 55024
(415) 798-2667.

If approved as an **OMCP Industry Member**, OMCP will list your organization on its website with a link to a corresponding page on your website.

<p>*Contact Information Name of Company or Institution: _____</p> <p>Contact Person: _____</p> <p>Contact Phone: _____</p> <p>Contact Email: _____</p> <p>Contact Address: _____</p> <p>Company Website: _____</p>

I assert all the above are true and authorize payment to OMCP for a total of US\$ _____ by the method listed below.

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***Payment**

<p>Credit Card:</p> <p>Card Type: Visa MasterCard AmEx</p> <p>Card Number: _____</p> <p>Expiration Date _____</p> <p>Name on Card: _____</p> <p>Billing Address: _____</p> <p>Billing City, State, Zip Code _____ _____</p>	<p>Purchase Order</p> <p>Order # _____ Attached</p> <p>Invoice will be provided with Net 15.</p>
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*** Signature of applicant:**

Signature

Date

Print Name

Title

Company/Institution Name