

# Oklahoma Second Amendment Association Membership Form

Check all applicable:

A New Member   
  Renewing   
  Updating my information   
 Office Use Only  
 Is this a corporate donation?   
 Corporate Donors please use the "Employer" block below for your business name.

**Disclosure Information**

*Name	*Telephone
*Address	
*City, State & Zip Code	
*Email Address	County
Employer or previous employer name (*Required)	Occupation or previous occupation (*Required)

**Recurring Monthly Payment Membership Levels**

\$5 per month	<input type="checkbox"/>
\$10 per month	<input type="checkbox"/>
\$20 per month	<input type="checkbox"/>
\$25 per month	<input type="checkbox"/>
\$50 per month	<input type="checkbox"/>
\$100 per month	<input type="checkbox"/>

**Payment Options**

Visa	<input type="checkbox"/>
Mastercard	<input type="checkbox"/>
Discover	<input type="checkbox"/>
Amex	<input type="checkbox"/>

My signature below authorizes OK2A to debit my payment card each month until I cancel the agreement in writing. I agree to notify OK2A of any changes in my payment information at least 10 days prior to the next payment authorization period. (billing date)  
 I am the authorized user of this payment card and will not dispute the scheduled payments outlined above.

**Annual Membership Levels**

\$10	<input type="checkbox"/>	Student
\$25	<input type="checkbox"/>	Bronze
\$50	<input type="checkbox"/>	Silver
\$100	<input type="checkbox"/>	Gold
\$250	<input type="checkbox"/>	Sponsor
\$500	<input type="checkbox"/>	Silver Sponsor

**Payment Options**

Cash	<input type="checkbox"/>
Check	<input type="checkbox"/>
Visa	<input type="checkbox"/>
Mastercard	<input type="checkbox"/>
Discover	<input type="checkbox"/>
Amex	<input type="checkbox"/>

**\*Signature Required**

I understand that this contribution is for a campaign in the state of Oklahoma and declare that this **contribution is freely and voluntarily given** from my personal property. Furthermore, I declare that I have not been directly or indirectly compensated or reimbursed for the contribution.

*Signature	Today's Date
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*Credit / Debit Card Information*

Name as it appears on card	Expiration Date
Card Number	Security Code



Oklahoma Second Amendment Association  
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