



**OHIO PRODUCE MARKETING AGREEMENT
FORM B: MEMBERSHIP AFFIDAVIT**

Please read, sign, and date. Return with Form A or after completing the online membership enrollment form.

By my signature or mark below, I affirm that I will follow all rules, standards, and intent of the Ohio Produce Marketing Agreement to the best of my ability. As a member, I will support and properly represent the Agreement. I understand my membership or certification may be revoked at any time without cause for a violation of this voluntary Agreement.

Name of Business

Name of Principal Officer

Signature of Principal Officer

Date

Witness Signature

Date

Return to:

OPMA
17 S High St, Ste 200
Columbus, OH 43215

Or fax to 614-221-1900
(cover sheet not needed)