

# Kentucky Occupational License

## Association 2019 Membership Application

**MEMBERSHIP RUNS FROM JANUARY 1ST THROUGH DECEMBER 31ST**

### and Renewal

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 2018** \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ **Group Rate** **\$150.00**  
\* Initial Application 10.00 \_\_\_\_\_

\_\_\_\_\_ **Single Member** **45.00**  
\* Initial Application 10.00 \_\_\_\_\_

**Total Due:** \_\_\_\_\_

**Make Check Payable and Remit To:**

**KOLA  
P.O. Box 1045  
Glasgow, KY 42142-1045**