



# MEMBER-2-MEMBER FUNDS ORGANIZING INCENTIVE



## NEW MEMBER REFERRAL FORM

SECTION A		CURRENT MEMBER INFORMATION			
MEMBER NAME		REGISTRATION NUMBER			
HOME ADDRESS	CITY	STATE	ZIP	TELEPHONE NO.	
EMAIL ADDRESS					

SECTION B		NEW MEMBER INFORMATION			
FIRST AND LAST NAME		SOCIAL SECURITY NUMBER			
HOME ADDRESS	CITY	STATE	ZIP	TELEPHONE NO.	
EMAIL ADDRESS					
EMPLOYER NAME		JOB CLASSIFICATION			
EMPLOYER ADDRESS					

SIGN HERE ► \_\_\_\_\_ MEMBER \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

SECTION C		TO BE COMPLETED BY OPCMIA			
NEW MEMBER NAME		REGISTRATION NUMBER			
HOME ADDRESS	CITY	STATE	ZIP	TELEPHONE NO.	
EMAIL ADDRESS					
LOCAL UNION		CLASSIFICATION			
MEMBERSHIP START DATE		6 MONTHS COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No			
SIGNATORY EMPLOYER START DATE		6 MONTHS COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No			
PAYMENT INFORMATION					
NO. OF REFERRAL FOR YEAR _____		REQUIREMENTS MET		PAYMENT DATE	
<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third		<input type="checkbox"/> Yes <input type="checkbox"/> No			

## **PROCEDURE FOR FILING ORGANIZING INCENTIVE FORM**

1. Fill out Section A with required information.
2. Fill out Section B with required information.
3. Sign the form.
4. Mail or email the completed Claim Form to:

Organizing Incentive Program  
9700 Patuxent Woods Drive, Suite 200  
Columbia, MD 21046  
Email: [M2MAdministrator@opcmia.org](mailto:M2MAdministrator@opcmia.org)