

## CONTACT INFORMATION

### FAX APPLICATION

Please fax this form to:

**888-634-4322**

### MAIL APPLICATION

Please mail this form to:

**OCMP**

**P.O. Box 129,  
Newton, MA 02456**

If you have any questions, please call or

email us 24/7:

**888-211-6267**

**info@ocmp.com**

# OCMP APPLICATION

## Permanent Information

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Phone \_\_\_\_\_

Parent Email \_\_\_\_\_

## Student Information

Name \_\_\_\_\_

School \_\_\_\_\_

Where would you like this card sent?

Home  School

No card needed/adding to existing card

Existing Card Number \_\_\_\_\_

## School Information

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Birthdate \_\_\_\_\_

Email (Important) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Year of Graduation \_\_\_\_\_



**888-211-6267**  
**www.ocmp.com**

## Meal/Payment Information

21 Meal Plan **\$2175.46** including tax  
**294 MEALS** 21 Meals a week for the semester

19 Meal Plan **\$1971.69** including tax  
**266 MEALS** 19 Meals a week for the semester

14 Meal Plan **\$1462.27** including tax  
**196 MEALS** 14 Meals a week for the semester

10 Meal Plan **\$1054.72** including tax  
**140 MEALS** 10 Meals a week for the semester

7 Meal Plan **\$749.07** including tax  
**98 MEALS** 7 Meals a week for the semester

5 Meal Plan **\$545.30** including tax  
**70 MEALS** 5 Meals a week for the semester

Supplemental Meal Plan **\$290.59** including tax  
**35 MEALS** 2-3 Meals a week for the semester

Need something special?

Remember OCMP will custom make any plan to supplement your college or university's mandatory meal plan requirements. Simply call OCMP and we will be happy to accommodate your needs.

- Check Enclosed  
 Credit Card (Visa, MC, Discover)

## Account Payment Information

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_