



ASSOCIATE MEMBERSHIP APPLICATION

Asphalt Supplier

The person or entity submitting this application is applying to become an Associate Asphalt Supplier Member of the Asphalt Pavement Association of Oregon. The Board of Directors will vote on this application, and only after an affirmative vote of the Board will any applicant be a member of the Association. By submitting this application, the applicant agrees to abide by the bylaws of the Association if accepted as a member.

The dues of an Associate Asphalt Supplier Member are **\$2500.00**. Payable in advance.

Company Name: _____
Company Address: _____ <small>Street City State Zip</small>
Company Mailing Address: _____ <small>Street City State Zip</small>
Company Phone: _____ Company Fax: _____
Name of Company's Designate Representative: _____
Designates cell or contact phone: _____
Designates Email: _____
Is the above address where all invoices should be sent? _____
If no please provide: _____ <small>Street City State Zip</small>
Is the above address where all communications should be sent? _____
If no please provide: _____ <small>Street City State Zip</small>
One additional name may be added to the mailing list if desired
Additional Name: _____
Additional cell or contact phone: _____
Additional Email: _____
Company Website Address: _____
_____ Signature of Company Owner or Authorized Personnel agreeing to this membership. Date

Return Application and Dues to: ASPAHLT PAVEMENT ASSOCIATION OF OREGON
5240 GAFFIN ROAD SE SALEM, OR 97317

PHONE: 503-363-3858 Fax 503-363-5571

Updated 5/28/15

If there are any questions or if further information is desired, please contact John Hickey, jhickey@apao.org