



ASSOCIATE MEMBERSHIP APPLICATION

Associate Other Supplying

The person or entity submitting this application is applying to become an *Associate Other Supplying 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 for an *Associate Other Supplying* member are \$1600.00 year. 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 11/3/15

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