



# 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 APAO. By submitting this application, the applicant agrees to abide by the bylaws of the APAO if accepted as a member.

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

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

Return Application and Dues to: ASPHALT PAVEMENT ASSOCIATION OF OREGON  
5240 GAFFIN ROAD SE SALEM, OR 97317  
PHONE: 503-363-3858

If there are any questions or if further information is desired, please contact Libbie Ramos, lramos@apao.org