



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

The dues for an *Associate Other Supplying* member are \$1600.00 year. Payable in advance.

Company Name: _____

Company Address: _____
Street City State Zip

Company Mailing Address: _____
Street City State Zip

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: _____
Street City State Zip

Is the above address where all communications should be sent? _____

If no please provide: _____
Street City State Zip

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: 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