## APPLICATION FOR MEMBERSHIP

(A non-profit corporation founded in 1937)

The undersigned hereby applies for membership in the Illinois Asphalt Pavement Association, a non-profit corporation, as a:

|  |  |  |
| --- | --- | --- |
| Plant Mix Member | Asphalt Supplier Member | Major Supplier Member |
| Regular Member | Associate Member | Consulting Engineer |

of said Association, subject to the By-Laws of said Association, and subscribes to the purposes of said corporation for the development, improvement and advancement of asphalt pavements in the State of Illinois for the best interests of both the members of the corporation and the general public.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name:** | | |  | | | | | | | | |
| **Address & P.O. Box:** | | | | |  | | | | | | |
| **City:** | |  | | | | | **State:** |  | | **Zip Code:** |  |
| **Telephone Number:** | | | |  | | | **Fax Number:** | |  | | |
| **Website (if applicable):** | | | | | |  | | | | | |
| **Please provide a brief description of your company and its function:** | | | | | | | | | | | |
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#### Company Contacts: (Please list the people in your organization that should receive Association information distributed from our office. If more space is needed, please continue on a separate sheet of paper.)

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| **Name:** | |  | | | | **Title:** | |  | | | | |
| **Address & P.O. Box:** | | | | |  | | | | | | | |
| **City:** |  | | | | | | **State:** | |  | | **Zip Code:** |  |
| **Telephone Number:** | | | |  | | | **Fax Number:** | | |  | | |
| **E-Mail Address:** | | |  | | | | | | | | | |

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| **Name:** | |  | | | | **Title:** | |  | | | | |
| **Address & P.O. Box:** | | | | |  | | | | | | | |
| **City:** |  | | | | | | **State:** | |  | | **Zip Code:** |  |
| **Telephone Number:** | | | |  | | | **Fax Number:** | | |  | | |
| **E-Mail Address:** | | |  | | | | | | | | | |
| **Name:** | |  | | | | **Title:** | |  | | | | |
| **Address & P.O. Box:** | | | | |  | | | | | | | |
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| **Telephone Number:** | | | |  | | | **Fax Number:** | | |  | | |
| **E-Mail Address:** | | |  | | | | | | | | | |