



Asphalt Pavement Association of Indiana, Inc.
Associate Membership Application

The undersigned herewith makes application for Associate Membership in the Asphalt Pavement Association of Indiana and declares that he has full knowledge of the cost of such membership, including schedule of dues. A payment in the amount indicated below, which shall constitute membership dues for the calendar year, is enclosed.

Company Name _____

Please print/type as you wish it to appear in the membership directory

Street Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

Email _____

Services/Products _____

Authorizing Name _____

Signature _____

Date _____

Your Designated APAI Representative: _____

Address: _____

(If different than above)

Email: _____

(If different than above)

Phone: _____

(If different than above)

Amount Due for Calendar Year:

_____ \$850.00 (If joining prior to April 1st)

_____ \$637.50 (If joining after April 1st and before July 1st)

_____ \$425.00 (If joining after July 1st and before October 1st)

_____ \$212.50 (If joining after October 1st)

Please complete and return with payment to:

Asphalt Pavement Association of Indiana
5348 West Vermont Street, Suite 300
Indianapolis, IN 46224
www.asphaltindiana.org

Bill Knopf, Executive Director, wknopf@asphaltindiana.org
Cell Phone: 317-910-5493
Phone: 317-632-2441
Fax: 317-632-2445