



**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 1<sup>st</sup> and before July 1st)

\_\_\_\_\_ \$425.00 (If joining after July 1<sup>st</sup> and before October 1st)

\_\_\_\_\_ \$212.50 (If joining after October 1<sup>st</sup>)

**Please complete and return with payment to:**

Asphalt Pavement Association of Indiana  
5348 West Vermont Street, Suite 300  
Indianapolis, IN 46224  
[www.asphaltindiana.org](http://www.asphaltindiana.org)

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