

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 the schedule of dues. A payment of eight hundred fifty (\$850) dollars, which shall constitute membership dues for the calendar year is enclosed.

Company name

Address

Authorizing name: _____

Title _____

Telephone _____ **FAX** _____

Email _____

Date: _____

Signature

Your designated APAl representative: _____
(your company contact)

Services/Products

Complete and return to:

*Asphalt Pavement Association of Indiana
101 W. Ohio St. Suite 710
Indianapolis, IN 46204*

ph: 317.632.2441 fax: 317.632-2445