

**ILLINOIS ASSOCIATION OF AGGREGATE PRODUCERS**

**ASSOCIATE MEMBERSHIP APPLICATION**

COMPANY: \_\_\_\_\_

PRIMARY ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

PRIMARY CONTACT PERSON: \_\_\_\_\_ POSITION: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SECONDARY CONTACT PERSONS	POSITION	TELEPHONE
_____	_____	(____) _____
_____	_____	(____) _____

ADDITIONAL LOCATION ADDRESS: \_\_\_\_\_  
(Attach Additional Sheets if Needed)

\_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

PRIMARY CONTACT PERSON: \_\_\_\_\_ POSITION: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SECONDARY CONTACT PERSONS	POSITION	TELEPHONE
_____	_____	(____) _____
_____	_____	(____) _____

COMPANY PRODUCTS / SERVICES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF PERSON / COMPANY ENCOURAGING YOU TO JOIN: \_\_\_\_\_

IAAP MAIL SHOULD BE ADDRESSED TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ASSOCIATE MEMBER DUES: \$575 / 12 MONTHS**  
Membership dues are 95% tax deductible as a business expense.  
**MAIL APPLICATION AND DUES TO: IAAP**  
**1115 SOUTH SECOND STREET**  
**SPRINGFIELD, IL 62704**