

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	EMAIL / TELEPHONE
		EMAIL: _____
		PHONE: _____
		EMAIL: _____
		PHONE: _____

ADDITIONAL LOCATION ADDRESS: _____
(Attach Additional Sheets if Needed)

TELEPHONE: _____ FAX: _____

PRIMARY CONTACT PERSON: _____ POSITION: _____

EMAIL ADDRESS: _____

SECONDARY CONTACT PERSONS	POSITION	EMAIL / TELEPHONE
		EMAIL: _____
		PHONE: _____
		EMAIL: _____
		PHONE: _____

COMPANY PRODUCTS / SERVICES:

NAME OF PERSON / COMPANY ENCOURAGING YOU TO JOIN: _____

IAAP MAIL SHOULD BE ADDRESSED TO: _____

ASSOCIATE MEMBER DUES: \$812 PER YEAR (12 consecutive months)

Membership is subject to approval by IAAP Board of Directors. Dues are 90% tax deductible as a business expense.

**MAIL APPLICATION AND DUES TO: IAAP
1115 SOUTH SECOND STREET
SPRINGFIELD, IL 62704**