

**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: \$620 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**