

Application for Affiliate Agency Membership

I / We do hereby apply for Affiliate Agency Membership with the Colorado Asphalt Pavement Association, Inc., (CAPA) and submit the following information in support of our eligibility.

Name of Agency:			-
Physical Address:			
Street:			
City:	State:	Zip:	
Telephone:			
Mailing Address: (If differ	rent from above)		
Street:			
City:	State:	Zip:	
Web Site:			
Centerline miles of paved	l roads:		
Centerline miles of unpay	ved roads:		
Date Organized:	Number o	Number of employees:	
Person to receive invoice	es or other financial correspond	dence:	
Public Works Director: _			
City/County Engineer:			

Other designated representatives for CAPA correspondence: 1. **Name:** ______Title:_____ E-Mail: 2. Name: Title: 3. Name: Title: If you have additional persons you want to receive correspondence from CAPA, please add those names and e-mail in a separate list. **Description of Agency:** Please enclose a copy of your Agency logo or e-mail to office@co-asphalt.com (JPG or EPS file works best). Signature below allows CAPA to use the logo in Newsletters, CAPA Membership Directory, Membership Plaques, CAPA Web Site and similar applications. This organization certifies that the foregoing statements are correct, and agree if elected to membership, to abide by the Constitution and By-Laws of the Colorado Asphalt Pavement Association. To abide by

the rules, regulations, and dues schedule of CAPA during active membership, and agree to promote the objectives of CAPA. I have read the CAPA Mission Statement as shown below and agree to uphold the principles that it represents.

Mission Statement:

The Mission of the Colorado Asphalt Pavement Association is to advance the quality and use of asphalt pavements in Colorado.

Name:	
Signed:	
Title:	Date:

CAPA will advise on your application within two weeks of receipt.

Thank you for your interest in our association.

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