

Application for Associate Membership

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

Name of Organization:			
Corporation:	Partnership:	Individual Proprietorship: _	
Physical Address:			
Street:			
City:	State:	Zip:	_
Telephone:			
Mailing Address: (If diff	erent from above)		
Street:			
City:	State:	Zip:	_
Web Site:			
Services or Products:			
		ber of employees:	
Owners, Partners, or Of	ficers of Organization:		
Designated representat	ives for CAPA activities:		
1. Name:	т	itle:	
F-Mail·			

2.	Name:	Title:			
	E-Mail: _				
3.	Name:	Title:			
	E-Mail: _				
Pe	Person to receive invoices or other financial correspondence:				
Na	ıme:	Title:			
E-	Mail:				
De	escription o	of Organization:			
Ple file Me org to As me Sta Mi Th as	ease enclose works be more more for the more	se a copy of your company logo or e-mail to office@co-asphalt.com (JPG or EPS est). Signature below allows CAPA to use the logo in Newsletters, CAPA Directory, Membership Plaques, CAPA Web Site and similar applications. This (individual) certifies that the foregoing statements are correct, and agree if elected ip, to abide by the Constitution and By-Laws of the Colorado Asphalt Pavement To abide by the rules, regulations, and dues schedule of CAPA during active and agree to promote the objectives of CAPA. I have read the CAPA Mission shown below and agree to uphold the principles that it represents. Imment: of the Colorado Asphalt Pavement Association is to advance the quality and use of ments in Colorado.			
Tit	le:	Date:			
As	• •	n fee of \$25 must accompany this application. Make check payable to Colorado ment Association, Inc. CAPA will advise on your application within two weeks of			

Thank you for your interest in our association.