

APPLICATION FOR MAJOR ASSOCIATE MEMBERSHIP



FIRM INFORMATION

Name of Company:

Years in Business: Principle Business:

Mailing Address:

City: State: Zip:

Phone: Fax: Website:

ASSOCIATION REPRESENTATIVE INFORMATION

Name: Title:

Mailing Address:

City: State: Zip:

Phone: Fax:

Mobile: Email:

AFFILIATE INFORMATION

Designate, if other than Association Representative, to whom correspondence, information, and publications should be sent:

Name: Title:

Mailing Address:

City: State: Zip:

Phone: Fax:

Mobile: Email:

DEDICATED TO QUALITY
TEXAS RIDES ON US

texasasphalt.org

Phone: (512) 312-5043
Address: 219 Commercial Dr.
Buda, Texas 78610
Mail: P.O. Box 1468
Buda, Texas 78610

MAJOR ASSOCIATE MEMBER DUES TONNAGE REPORT FORM

Please provide tonnage for all liquid asphalt sold for asphalt mix binder applications in Texas:

1. January – December Tonnage

2. Tonnage to be **billed annually** (minimum 41,666.7/maximum 100,000 tons)

3. Tonnage to be **billed quarterly** (minimum 41,666.7/maximum 100,000 tons)

4. Multiply either line two (2) or line three (3) by 0.12 cents per ton

5. Total dues for the **quarter** or **year** (circle one)

TXAPA will invoice \$1,250.00 for the quarter (minimum dues) if dues are not reported.

The undersigned company hereby applies for membership in the Texas Asphalt Pavement Association and, if accepted, will abide by the Constitution and By-Laws of said Association. Applications, once approved, will be considered on a continuing basis unless official notice of withdrawal from the Association is received.

The undersigned company hereby certifies that it actively engages in the State of Texas in the manufacture, production, or sale of liquid asphalt binder. The undersigned further agrees to pay the membership dues in accordance with the attached schedule, or as may be amended by the membership. The designated official representative will cast a vote and be eligible for election to office in the Association in accordance with its By-Laws.

By: _____ Company: _____

Phone: _____ Email: _____

City: _____ State: _____ Zip: _____

Return completed application to TXAPA via email (admin@texasasphalt.org) or by post (P.O. Box 1468, Buda, TX 78610). Questions? Call (512) 312-2099.