

# MEMBERSHIP APPLICATION

The undersigned company hereby applies for membership in the Arizona Rock Products Association, and for the purpose of aiding the Association in the transaction of business affecting the company, the following information is supplied:



**Company Name** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip/Postal Code** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_ **Website** \_\_\_\_\_

## COMPANY REPRESENTATIVES *(3 Contacts Required)*

**Primary Contact Name** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**E-mail Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**Secondary Contact Name** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**E-mail Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**Additional Contact Name** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**E-mail Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

## MEMBERSHIP CATEGORY

- |  |  |
|--|--|
| <input type="checkbox"/> Producer and/or Placer of Rock Products | <input type="checkbox"/> Transportation                    |
| <input type="checkbox"/> Associate: Technical - Testing Lab      | <input type="checkbox"/> Associate: Materials - Admixtures |
| <input type="checkbox"/> Associate: Equipment                    | <input type="checkbox"/> Associate: Consulting             |

Description of Products/Services (Required) \_\_\_\_\_

## COMMITTEE INTERESTS → *Committee Description*

- |  |   |
|--|---|
| <input type="checkbox"/> Asphalt Paving & Technical                  | <input type="checkbox"/> Education Coalition          |
| <input type="checkbox"/> Associates Committee                        | <input type="checkbox"/> Environmental, Water & Lands |
| <input type="checkbox"/> Community Relations & Workforce Development | <input type="checkbox"/> Government Affairs           |
| <input type="checkbox"/> Build with Strength                         | <input type="checkbox"/> Safety & Transportation      |
| <input type="checkbox"/> Concrete Technical & Education              | <input type="checkbox"/> Southern ARPA                |
|  | <input type="checkbox"/> Northern ARPA                |

## PAYMENT SCHEDULE

- |   |   |
|---|---|
| <input type="checkbox"/> Annually                                       | <input type="checkbox"/> Semi-Annually                                |
| <input type="checkbox"/> Quarterly <i>(Available only to Producers)</i> | <input type="checkbox"/> Monthly <i>(Available only to Producers)</i> |

The undersigned representative of the above company hereby certifies that the foregoing information is correct, and if accepted for membership into the Arizona Rock Products Association, it will abide by the Bylaws of the Association.\*

**Date** \_\_\_\_\_ **Submitted by** \_\_\_\_\_  
**ARPA Sponsoring/Referral Member (if any)** \_\_\_\_\_

\*Any member accepted for membership in the Association shall be required to continue that membership for a minimum period of one (1) year and shall be obligated to pay dues and/or assessments for the full period of membership. Any Member may withdraw or resign from the Association after membership continuing for a period of one (1) year upon sixty (60) days prior written notice of withdrawal or resignation to the Board of Directors and the payment in full of all dues, assessments and other expenses properly allocated thereto, and by so doing shall forfeit all rights and interests in the assets of the Association.

(ARPA Bylaws, dated 7/19/05, Section 7 - Withdrawal)