



APPLICATION FOR ASSOCIATE MEMBERSHIP

Firm Name _____

Main Office Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell _____ FAX _____

Web Site _____

Products and Services _____

North Carolina References (please list two) _____

Officers of Firm

Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell _____ FAX _____

Email _____

Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell _____ FAX _____

Email _____

Please make copies for additional officers as needed

Main Contact for North Carolina (this will be listed on the NCAA Web-site):

Contact _____ Title _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell _____ FAX _____

Email _____

Please see page 2 for North Carolina Plants or Branches

Mail, email or fax completed form to:

**NC Aggregates Association
353 E Six Forks Road, Suite 270
Raleigh, NC 27609**

ncaa@ncaggregates.org

Phone: 919.782.7055 * Fax: 919.782.7060



APPLICATION FOR ASSOCIATE MEMBERSHIP

Other Contacts for North Carolina

Contact _____ **Title** _____
Mailing Address _____
City _____ **State** _____ **Zip Code** _____
Telephone _____ **Cell** _____ **FAX** _____
Email _____

Contact _____ **Title** _____
Mailing Address _____
City _____ **State** _____ **Zip Code** _____
Telephone _____ **Cell** _____ **FAX** _____
Email _____

Contact _____ **Title** _____
Mailing Address _____
City _____ **State** _____ **Zip Code** _____
Telephone _____ **Cell** _____ **FAX** _____
Email _____

Individuals, firms or companies not actively engaged in the production and/or sale of aggregates but who serve the industry with products or services are eligible for Associate Membership. The Annual Membership Dues, set by the Board of Directors, are calculated as follows:

Dues based upon date of submitting application.

January – March	\$ 1,130	June	\$ 665	September	\$ 380
April	\$ 855	July	\$ 570	October	\$ 285
May	\$ 760	August	\$ 475	November	\$ 190
				December	\$ 95

<input type="checkbox"/> Mail Please include credit card information with signature OR check made payable to NCAA and mail completed form to: NC Aggregates Association 353 E Six Forks Road, Suite 270 Raleigh, NC 27609	<input type="checkbox"/> E-Mail E-mail completed form. Please include credit card information and signature. E-mail: diane@ncaggregates.org	<input type="checkbox"/> Fax Fax completed form. Please include credit card information and signature. Fax: 919.782.7060
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PAYMENT: Please print

Payment by: Check payable to NCAA () MasterCard () VISA () Amount \$ _____
 Credit Card # _____ - _____ - _____
 Expiration Date: _____ Security Code (three-digit code on back of the card) _____
 Name as it appears on card: _____
 Signature: _____
 Billing Address for card: _____
 City: _____ State _____ Zip Code _____
 E-mail address for credit card receipt _____