



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

PAYMENT:

Total Amount Due: \$ _____

Please E-mail the invoice to: _____

Once you receive the invoice, payment can be made on-line by credit card or by mailing the printed invoice with a check to the NCAA Office.

Return your completed form to NC Aggregates Association

To pay by Check

Please mail completed form and check made payable to NCAA to:

NC Aggregates Association
 353 E. Six Forks Rd., Ste 270
 Raleigh, NC 27609

To pay by Credit Card

E-Mail completed form to:
 E-mail: diane@ncaggregates.org

Or
 Fax completed form to:
 (919) 782-7060

An invoice will be emailed to you for you to pay on-line.

FOR OFFICE USE ONLY

Date Received: _____
 Date Invoiced: _____
 Invoice #: _____
 Date Paid: _____ Amount Paid: _____
 Paid By: Check _____ Credit Card _____
 Check/CC# _____

If you have any questions or need registration information call Diane at the North Carolina Aggregates Association - 919.782.7055