



American Concrete Pavement Association New York State Chapter

Membership Application

Date: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

Website: _____

Owner: _____

Contact Person: _____ Title: _____

Signature: _____

Please mark your membership classification below

- Paving Contractor**
 - Primarily uses Ready Mix Concrete (Check if appropriate)
- Specialty Contractor**
- Allied Member** (Please mark the type that best describes your operation and the appropriate category (Local and/or National))

<input type="checkbox"/> Admixture Supplier	() Local	and/or	() National
<input type="checkbox"/> Aggregate Producer	() Local	and/or	() National
<input type="checkbox"/> Fly Ash Producer	() Local	and/or	() National
<input type="checkbox"/> Material Manufacturers/Supplier	() Local	and/or	() National
<input type="checkbox"/> Equipment Manufacturers/Supplier	() Local	and/or	() National
<input type="checkbox"/> Ready Mixed Concrete Producer	() Local	and/or	() National
<input type="checkbox"/> Trucking	() Local	and/or	() National
<input type="checkbox"/> Bonding	() Local	and/or	() National
<input type="checkbox"/> Association	() Local	and/or	() National
<input type="checkbox"/> Consultant (Individual)	() Local	and/or	() National
<input type="checkbox"/> Consultant (Firm)	() Local	and/or	() National
<input type="checkbox"/> Consultant (Research)	() Local	and/or	() National

This company certifies that in accepting the privileges of membership it will also accept the obligations and will be governed by the Bylaws during the course of membership.

Please mail application to:
Heather Steffek, PO Box 42, East Schodack, NY 12063
Questions? Call (518) 527-1547, or email hsteffek@pavement.com