

MINNESOTA ASSOCIATION OF ASPHALT PAVING TECHNOLOGISTS

P.O. Box 120461
New Brighton, MN 55112
(651) 631-0156



2009 APPLICATION FOR MEMBERSHIP

(Please Type or Print in Ink)

I, _____, do hereby apply for membership in the Minnesota Association of Asphalt Paving Technologists and submit the following statement of my qualifications:

HOME ADDRESS: _____

ZIP CODE: _____

BUSINESS AFFILIATION: _____

BUSINESS ADDRESS: _____

ZIP CODE: _____

BUSINESS PHONE: (____) _____

E-MAIL ADDRESS: _____

PRESENT TITLE: _____ BIRTH DATE: _____

EDUCATION/EXPERIENCE:

DUES: \$15.00/Annually

INITIATION FEE: \$10.00 (New Members Only – one time fee)

PLEASE REMIT: \$25.00 WITH THIS APPLICATION

I hereby declare that, if elected to membership, I will abide by the Constitution and By-Laws of the organization and cooperate in its activities:

Signature of Applicant

Date

Action by Board of Directors

Date

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www.mn-aapt.org