



2019 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: \$20.00/Annually

INITIATION FEE: \$10.00 (New Members Only)

PLEASE REMIT: \$30.00 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