

## Membership Application

### Instructions

#### Application Process

1. Applicant submits completed WAPA membership application to WAPA. (Online applicants will receive an email confirming receipt of application by WAPA.)
2. WAPA Executive Committee reviews application and provides recommendations for the applicant's membership to the WAPA Board of Directors.
3. WAPA Board of Directors votes on membership approval. (WAPA Board of Directors meets in February, April, June, August, October and November.)
4. WAPA notifies applicant of membership status.

#### Membership Levels

As part of your membership, your company will be listed ([www.wispave.org/member-listing](http://www.wispave.org/member-listing)) and referenced based on your membership level.

Your membership level and annual dues will be determined by the core service or product category that best describes your company; please see the complete checklist on the application form.

#### **Please complete the online form at [www.wispave.org/membership-application-form](http://www.wispave.org/membership-application-form), or mail the completed application to:**

Wisconsin Asphalt Pavement Association  
4600 American Parkway, Suite 201  
Madison, Wisconsin 53718

#### **For more information, please contact:**

Debbie Schwerman, Executive Director  
608-255-3114 office  
608-698-4510 cell  
[deb@wispave.org](mailto:deb@wispave.org)

You may also use our online application form at [wispave.org](http://wispave.org).

# WAPA Membership Application Form

## Company Information

Please check all product and service categories that apply to your company:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Accounting Firm                       | <input type="checkbox"/> Construction Material Supplier        | <input type="checkbox"/> Milling/Pulverizing Contractor              |
| <input type="checkbox"/> Aggregate Supplier                    | <input type="checkbox"/> Consumable Energy Supplier            | <input type="checkbox"/> Publisher                                   |
| <input type="checkbox"/> Architect                             | <input type="checkbox"/> Decorative Asphalt Laydown Contractor | <input type="checkbox"/> Rubblizing/Crack and Sealing Contractor     |
| <input type="checkbox"/> Asphalt Additive/Modifier Supplier    | <input type="checkbox"/> Earthmover                            | <input type="checkbox"/> Testing Equipment Supplier/Manufacturer     |
| <input type="checkbox"/> Asphalt Laydown Contractor            | <input type="checkbox"/> Education/Research Facility           | <input type="checkbox"/> Traffic Control/Pavement Marking Contractor |
| <input type="checkbox"/> Asphalt Maintenance Contractor        | <input type="checkbox"/> Engineering/Consulting                | <input type="checkbox"/> Transportation Association                  |
| <input type="checkbox"/> Asphalt Maintenance Material Supplier | <input type="checkbox"/> Equipment Manufacturer                | <input type="checkbox"/> Trucking and Transportation                 |
| <input type="checkbox"/> Asphalt Producer                      | <input type="checkbox"/> General Contractor/Developer          | <input type="checkbox"/> Other (please indicate)                     |
| <input type="checkbox"/> Banking/Investment                    | <input type="checkbox"/> Legal Firm                            | _____  |
| <input type="checkbox"/> Bonding/Insurance                     | <input type="checkbox"/> Liquid Asphalt Producer/Supplier      | _____  |
| <input type="checkbox"/> Construction Equipment Supplier       | <input type="checkbox"/> Material/Equipment Testing            |  |

## Applicant Information (\*Indicates required fields)

\*Name of company or organization \_\_\_\_\_

\*Street address \_\_\_\_\_ \*City, State, ZIP \_\_\_\_\_

Company description \_\_\_\_\_

\*Primary contact name \_\_\_\_\_ \*Primary contact title \_\_\_\_\_

\*Telephone \_\_\_\_\_ \*Email \_\_\_\_\_

May we list your company information and description on our website?

Yes  No

Would you like to be contacted regarding the possibility of you or someone from your company serving on a committee(s)?

Yes  No

## Additional Representatives (Optional)

If you would like additional employees at your company to receive our newsletter and invitations to conferences, regional events and other meetings, please provide their contact information below:

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

## Submit Application

Please sign and date this application and submit it to WAPA. Thank you for applying!

\* Applicant name \_\_\_\_\_

\* Applicant title \_\_\_\_\_

\* Date \_\_\_\_\_