

Associate Membership Application

The undersigned hereby makes application for Associate membership in the American Concrete Pipe Association and agrees to pay the annual assessment for dues as determined by the Board of Directors and abide by the Constitution and By-Laws.

The ACPA fiscal year runs April 1 through March 31. Dues are invoiced on an annual or quarterly basis per member preference.

Name of Firm: _____

Individual Owner Partnership Corporation

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Website: www _____ E-mail: _____

Principal Representative

Name: _____ Title: _____ Email: _____

Key Personnel *(attach additional sheet if necessary)*

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Plant/Sales Office Locations *(attach additional sheet if necessary)*

Primary Products _____

The total sales to the concrete pipe industry during the past calendar year were: \$ _____ in US dollars.
The President will hold this statement as confidential.

Signature: _____

Name: _____ Title: _____ Date: _____

Applicant is recommended by _____

** Please attach a short company description for use in announcing your ACPA membership in Newscast, the ACPA Newsletter.*



American Concrete Pipe Association

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