Association of Modified Asphalt Producers
APPLICATION FOR MEMBERSHIP
Revised October 10, 2018

Membership Type

*Please select your AMAP membership category (check one):

<table>
<thead>
<tr>
<th>Select</th>
<th>Category</th>
<th>Annual Dues</th>
<th>Membership Qualifications</th>
<th>Voting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Producer</td>
<td>$2,000</td>
<td>Companies that manufacture, react, let-down or otherwise produce or sell modified asphalt products.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Supplier</td>
<td>$2,000</td>
<td>Companies that sell polymers, additives or any product considered to enhance the properties and performance of asphalt.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Associate</td>
<td>$850</td>
<td>Qualified companies provide services, software, plant and lab equipment and other indirect materials to the asphalt industry. This category also includes firms that provide testing, formulation design, engineering and research. It also includes contractors and consultants.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Affiliated International</td>
<td>$1,000</td>
<td>For Producers and Suppliers who do not do business in North America (United States, Canada and Mexico).</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Affiliated Associations</td>
<td>No Charge</td>
<td>Nonprofit state and national trade associations and academic institutions serving the interests and advancement of the asphalt industry.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Friends of AMAP</td>
<td>$85</td>
<td>Students, industry retirees, and others who have a noncommercial interest in AMAP’s mission.</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Membership applications are subject to approval by the AMAP Board of Directors. Please direct any questions to AMAP’s Executive Director at 330-714-4117.

Applicant Information

*Primary Representative (Contact Person): ________________________________

*Company: ____________________________________________________________

*Title: ______________________________________________________________

*Address: ___________________________________________________________

*City, State/Province, ZIP/Postal Code: ________________________________  *Country: __________________________

*Office Phone: (______) _______ - _______  Cell Phone: (______) _______ - _______  Fax: (______) _______ - _______

*Email: _____________________________________________________________

Show this person as a contact for your company’s listing on AMAP’s website?  [ ] Yes  [ ] No

Billing Contact (if different)

[ ] Same as the Primary representative or Complete the form below

*Billing Contact: ______________________________________________________

*Company: __________________________________________________________

*Title: _____________________________________________________________

*Address: __________________________________________________________

*City, State/Province, ZIP/Postal Code: ________________________________  *Country: __________________________

*Office Phone: (______) _______ - _______  Cell Phone: (______) _______ - _______  Fax: (______) _______ - _______

*Email: _____________________________________________________________

Show this person as a contact for your company’s listing on AMAP’s website?  [ ] Yes  [ ] No
Additional Representatives

Please list any additional representatives of your company:

1. __________________________  __________________________ (___) ___-_____  __________________________  List online as contact?  [ ] Yes  [ ] No
   *Name  *Title  Best Phone  *Email

2. __________________________  __________________________ (___) ___-_____  __________________________  List online as contact?  [ ] Yes  [ ] No
   *Name  *Title  Best Phone  *Email

3. __________________________  __________________________ (___) ___-_____  __________________________  List online as contact?  [ ] Yes  [ ] No
   *Name  *Title  Best Phone  *Email

4. __________________________  __________________________ (___) ___-_____  __________________________  List online as contact?  [ ] Yes  [ ] No
   *Name  *Title  Best Phone  *Email

5. __________________________  __________________________ (___) ___-_____  __________________________  List online as contact?  [ ] Yes  [ ] No
   *Name  *Title  Best Phone  *Email

Company Information for the Public Listing of AMAP Members (modifiedasphalt.org/membership/current-members)

*Company Mailing Address: __________________________________________

*City, State, ZIP/Postal Code: __________________________________________  *Country: __________________________

*Main Phone: (____) _______ - __________  Main Fax: (____) _______ - __________

Website: ____________________________________________________________

Company description. Please describe your company’s business activity in a short paragraph:

_____________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Products and Services. Please list the products and services provided by your company. Please limit your response to ten items.

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________
6. __________________________
7. __________________________
8. __________________________
9. __________________________
10. __________________________

Markets Served.  
- **Producers**, please list the states where you produce state specification products.  
- **Materials and service providers**, please list the geographic areas you serve (individual states, U.S., North America, global, etc.)

Payment

Please make your check payable to **Association of Modified Asphalt Producers** and mail with this application to:

**AMAP**  
P.O. Box 305  
Avon, Ohio 44011  
Attention: Jim Sattler, Executive Director  
Phone: 330-714-4117

Or visit modifiedasphalt.org to apply online and pay with a credit card.

*Signed: __________________________  *Print: __________________________  *Date: __________________________