



## Application for Affiliate Agency Membership

I / We, do hereby apply for Affiliate Membership with the Colorado Asphalt Pavement Association, Inc., (CAPA) and submit the following information in support of my / our eligibility.

**Name of Organization:** \_\_\_\_\_

Population less than 25,000: \_\_\_\_\_ Population greater than 25,000: \_\_\_\_\_

**Physical Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Mailing Address: (If different from above)**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Web Site:** \_\_\_\_\_

**Services or Products:**

\_\_\_\_\_  
\_\_\_\_\_

**Date Organized:** \_\_\_\_\_ **Number of employees:** \_\_\_\_\_

**Number of roadway miles in city / county:** \_\_\_\_\_

**Number of paved roadway miles in city / county:** \_\_\_\_\_

**Designated representatives for CAPA activities:**

1. **Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

E-Mail: \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

E-Mail: \_\_\_\_\_

3. **Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Description of Organization:**

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Please enclose a copy of your company logo or e-mail to [office@co-asphalt.com](mailto:office@co-asphalt.com) (JPG or EPS file works best). Signature below allows CAPA to use the logo in Newsletters, CAPA Membership Directory, Membership Plaques, CAPA Web Site and similar applications. This organization (individual) certifies that the foregoing statements are correct, and agree if elected to membership, to abide by the Constitution and By-Laws of the Colorado Asphalt Pavement Association. To abide by the rules, regulations and dues schedule of CAPA during active membership, and agree to promote the objectives of CAPA. I have read the CAPA Mission Statement as shown below and agree to uphold the principles that it represents.

**Mission Statement:**

The Mission of the Colorado Asphalt Pavement Association is to advance the quality and use of asphalt pavements in Colorado.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

An application fee of \$25 must accompany this application. Make check payable to Colorado Asphalt Pavement Association, Inc. CAPA will advise on your application within two weeks of receipt.

Thank you for your interest in our association.

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