



# ASSOCIATED OREGON LOGGERS, INC.

Associated Oregon Loggers was created by loggers, for loggers, for the sole purpose of helping you in your achievement of success.

## AFFILIATE MEMBERSHIP APPLICATION

Sponsor Company Name: \_\_\_\_\_

Affiliate Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Office Number: \_\_\_\_\_ Shop Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

*AOL's "Mainline" Newsletter is published monthly. Please indicate how you would like to receive this mailing for the **above Affiliate company.***

Mail

Email

Do not send

Primary Contact Persons Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

*Please indicate how you would like to receive the Mainline Newsletter for the **above primary contact.***

Mail

Email

Do not send

Please list all owners (*attach additional page if necessary*):

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

Mailing Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

*Please indicate how you would like to receive the Mainline Newsletter for the **above owner.***

Mail

Email

Do not send

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

Member #: \_\_\_\_\_

Executive Approval: \_\_\_\_\_

District: \_\_\_\_\_

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

District Rep: \_\_\_\_\_

Membership Rep: \_\_\_\_\_

**Type of Work** (Please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Falling</b> - hand or mechanical   | <input type="checkbox"/> <b>Reforest</b> - plant, site prep, tree care, PCT or other labor |
| <input type="checkbox"/> <b>Logging</b> - process, yard or load  | <input type="checkbox"/> <b>Firefight</b> - fire crews or equipment, burning               |
| <input type="checkbox"/> <b>Trucking</b> - hauling logs, logging equipment, chip or hogg                   | <input type="checkbox"/> <b>Primary Type of Work</b>                                       |
| <input type="checkbox"/> <b>Roading</b> - construction or maintenance                                      | _____  |
| <input type="checkbox"/> <b>Slash</b> - piling, chipping, grinding, hand pile, recovery or mechanical thin | _____  |
|  | _____  |

**AFFILIATE MEMBERSHIP DUES ARE \$50.00 UPON JOINING**

AOL's Membership year is July 1<sup>st</sup> - June 30<sup>th</sup> of the following year. An employee payroll charge will be assessed on either your regular or affiliate renewal billing. It will be based on the company that has the higher employee payroll.  
(Payroll fees are calculated at .00125 of your gross employee payroll. Example 60,000 x .00125 = \$75.00)

**Total Amount Due:** \$50.00

For our records, please list your Annual Payroll Amount? \$ \_\_\_\_\_ (employees only)

**VISA**       **MASTERCARD**

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3-Digit Code: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address and Zip Code Associated with card: \_\_\_\_\_  
\_\_\_\_\_

THANK YOU FOR JOINING ASSOCIATED OREGON LOGGERS' TEAM!

Please mail your application and dues to:

***Associated Oregon Loggers, Inc.***

***PO Box 12339***

***Salem, OR 97309-0339***

**OR**

**Fax your application to: 503-364-0836**