



# 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.

## COOPERATIVE MEMBERSHIP APPLICATION

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

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

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

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

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

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

- Trucking** - hauling logs, logging equipment, chip or hogg
- Slash** - piling, chipping, grinding, hand pile, recovery or mechanical thin
- Reforest** - plant, site prep, tree care, PCT or other labor
- Firefight** - fire crews or equipment, burning

**Primary Type of Work**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEMBERSHIP DUES**

AOL's membership year is from July 1<sup>st</sup> through June 30<sup>th</sup> of the following year.

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

(In following years, renewal dues will be \$400 + .00125 of your gross employee payroll. Maximum dues = \$1200.00)

COOPERATIVE New Member Dues Are:

Full Year July 1<sup>st</sup> - June 30<sup>th</sup>: \$400.00  
 Initiation fee: \$100.00  
 Total Amount Due: \$500.00

<b>BASE RATE</b>	
<b><u>If Join During</u></b>	<b><u>Base</u></b>
August	\$375.00
September	\$345.00
October	\$315.00
November	\$285.00
December	\$255.00
January	\$225.00
February	\$195.00
March	\$165.00
April	\$135.00
May	\$400.00
June	\$400.00

**OR**

Fill in Base Rate from left:

Initiation fee: \$100.00

**Total Amount Due:** \$\_\_\_\_\_

Please mail your application and dues to:

**Associated Oregon Loggers, Inc.**

**PO Box 12339**

**Salem, OR 97309-0339**

**Or fax your completed application to: 503-364-0836**

**VISA**

**MASTERCARD**

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3-Digit Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Address and Zip Code Associated with card: \_\_\_\_\_