



# 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.

## REGULAR 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)

- Falling** - hand or mechanical
- Logging** - process, yard or load
- Roading** - construction or maintenance
- Timber Cutter**

**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, please list your Annual Payroll Amount? \$\_\_\_\_\_ (employees only)  
(In following years, renewal dues will be \$355 + .00125 of your gross employee payroll. Maximum dues = \$1010.00)

REGULAR New Member Dues Are:

Full Year July 1<sup>st</sup> - June 30<sup>th</sup>: \$355.00  
Initiation fee: \$100.00  
Total Amount Due: \$455.00

<b>BASE RATE</b>	
<b><u>If Join During</u></b>	<b><u>Base</u></b>
August	\$330.00
September	\$300.00
October	\$270.00
November	\$240.00
December	\$210.00
January	\$180.00
February	\$150.00
March	\$120.00
April	\$ 90.00
May	\$355.00
June	\$355.00

**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: \_\_\_\_\_