



ASSOCIATED OREGON LOGGERS, INC.

MEMBER UPDATE AUTHORIZATION FORM

OLD Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Number: _____ Shop Number: _____

Fax Number: _____ E-Mail Address: _____

Original Work Type: _____

NEW Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Number: _____ Shop Number: _____

Fax Number: _____ E-Mail Address: _____

Current Work Type: _____

Please list any additional contacts you would like us to add or delete to your company

Persons Name to *(Circle one)* **Add/Delete** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cellular Number: _____

Spouse Name: _____ E-Mail Address: _____

Persons Name to *(Circle one)* **Add/Delete** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cellular Number: _____

Spouse Name: _____ E-Mail Address: _____

*AOL's "Mainline" Newsletter is published monthly. If applicable **please indicate how you would like to receive this mailing** for your company & contacts.*

_____ () Mail () Email _____ () Do not send
(Company)

_____ () Mail () Email _____ () Do not send
(Contact 1)

_____ () Mail () Email _____ () Do not send
(Contact 2)

Owners Signature: _____ Date: _____

**Please fax back to: Associated Oregon Loggers, Inc. @ 503-364-0836
or mail back to: Associated Oregon Loggers, Inc. PO Box 12339 Salem, OR 97309-0339**