

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:		Zip:	
Office Number:	Shop N	lumber:	
Fax Number:	E-Mail /	Address:	
	•	nonthly. Please indicate how e <u>above Affiliate company</u> .	
Mail Mail	Email	Do not send	
Primary Contact Persons Nan	ne:		
Mailing Address:			
City:	State:_	Zip:	
Home Phone:	Cellular	r Number:	
Spouse Name:	E-Mail /	Address:	
Please indicate how you would l	ike to receive the Mainline I	Newsletter for the above primary contact.	
Mail Mail	Email	Do not send	
Please list all owners (attach ac	dditional page if necessa	nry):	
Owners Name:			
Mailing Address:			
City:	State:_	Zip:	
Home Phone:	Cellular Number:		
Spouse Name:	E-Mail Address:		
Please indicate how you we	ould like to receive the Mair	inline Newsletter for the <u>above owner</u> .	
☐ Mail	Email	Do not send	
Owner Signature:		Date:	
To the first of th			
For office use only:			
Member #:	Executive A	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 Trucking - hauling logs, logging equipment, chip or ho Roading - construction or maintenance Slash - piling, chipping, grinding, hand pile, recovery or mechanical thin	gg Fi	refight - plant, site prep, tree care, PCT or other labor refight - fire crews or equipment, burning rimary Type of Work			
AFFILIATE MEMBERSHIP DUES ARE \$100.00 UPON JOINING AOL's Membership year is July 1st - June 30th 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) For our records, please list your Annual Payroll Amount? \$					
Total Amount Due:		<u>\$100.00</u>			
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					
□ VISA	☐ MASTERCARD				
Card #	Expiration Da	te:3-Digit Code:			
Name on Card:	Signa	ature:			
Address and Zip Code Associated with card:					

THANK YOU FOR JOINING ASSOCIATED OREGON LOGGERS' TEAM!