



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.

INSURANCE ASSOCIATE 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 **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

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: _____

Insurance Company/Agent/Broker

Primary Type of Work (Please write in your primary type of work here)

ASSOCIATE INSURANCE MEMBERSHIP DUES ARE \$500.00 UPON JOINING

Full Year July 1st - June 30th:	\$500.00
Initiation fee:	\$100.00
Total Amount Due:	<u>\$600.00</u>

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

VISA

MASTERCARD

Card # _____ Expiration Date: _____ 3-Digit Code: _____

Name on Card: _____ Signature: _____

Address and Zip Code Associated with card: _____
