



# 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**