



## 2017 MEMBERSHIP APPLICATION

P.O. Box 571 • Stayton, Oregon 97383 • Phone : (541) 994-8510 • Fax: (503) 769-1834

Company Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

### Annual Membership Dues

#### 2017 OIAA MEMBERSHIP DUES ARE AS FOLLOWS:

<b><u>Premier Corporate Membership</u></b>	\$ 1,250.00
<i>(Includes attendance to ALL OIAA events free of charge)</i>	
<b><u>Corporate Membership</u></b>	\$ 500.00
<i>Producers and Operators that require Part 46 Training (Includes attendance to Part 46 training for up to 10 employees and a 20% discount on all other OIAA sponsored events)</i>	
<b><u>Associate (non-aggregate) Membership</u></b>	\$ 250.00
<i>Consultants, Sales Representatives, Fuel and Maintenance Vendors. (Includes attendance to Part 46 training for 1 employee free of charge – No discounts on other OIAA sponsored events)</i>	
<b><u>Student Membership</u></b>	\$ 25.00
<i>(Must be a fulltime student studying in the forest, aggregate or construction fields)</i>	

All membership fees are to be forwarded with this application to:

**Oregon Independent Aggregate Association**

**Attention: MEMBERSHIP**

**PO Box 571**

**Stayton, Oregon 97383**

**Phone (541) 994-8510**

**Website: [www.oraggregate.com](http://www.oraggregate.com)**

**e-mail Address: [info@oraggregate.com](mailto:info@oraggregate.com)**

**Credit cards accepted, Credit Card Authorization Form on the reverse**

## ***Credit Card Authorization Form***

***Call (503)769-6280 for additional credit card information, fax application to (503) 769-1834***

***Please complete and return to:***

***OIAA***

***Attention: Membership***

***P.O. Box 571***

***Stayton, Oregon 97383***

***Ph: (541) 994-8510 Fax (503) 769-1834***

Cardholder Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card ID Number (3 digit # on back of card): \_\_\_\_\_

Exp Date: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Reason for Charge (Registration, dues, purchase, etc.): \_\_\_\_\_

\_\_\_\_\_

Authorized Amount to Charge to Credit Card: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

We accept Visa, MasterCard and Discover.

***Charges will appear as "Siegmond Excavating" on your card statement.***