



**SOUTH DAKOTA CHAPTER, INC.
AMERICAN CONCRETE PAVEMENT ASSOCIATION
ASSOCIATE MEMBER APPLICATION FORM**

CONTACT INFORMATION

Company Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

Name and Title of SD ACPA Representative: _____

E-mail Address: _____

MEMBERSHIP INFORMATION

- | | | |
|--|--|---|
| <input type="checkbox"/> Cement Company | <input type="checkbox"/> Equipment Supplier | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Flyash Company | <input type="checkbox"/> Transportation Company | <input type="checkbox"/> Student/Retire |
| <input type="checkbox"/> Material Supplier | <input type="checkbox"/> Consultant/Professional | |

AGREEMENT

I, as an authorized representative to bind this firm, certify that the above information is correct and hereby make application for Associate Membership in the South Dakota Chapter of the American Concrete Pavement Association, and affiliate of the American Concrete Pavement Association. I agree to pay the appropriate annual membership and abide by the South Dakota Chapter's current bylaws and in return experience the privileges and benefits of membership. Current dues rates are below.

Firm Name: _____

By: _____ **Date:** _____

Print Name: _____

Title: _____



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SD ACPA Associate Member Category and Dues

SD ACPA Associate Member Category	SD ACPA Annual Dues
Cement Supplier	\$500
Flyash Supplier	\$500
Material Supplier	\$500
Equipment Supplier	\$500
Transportation Company	\$250
Consultants/Professionals	\$250
Student/Retiree	\$0

Please make checks payable to SDACPA and return the completed form to the SDACPA office.