



APPLICATION FOR AGGREGATE PRODUCER MEMBERSHIP

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Ph.: _____ Fax: _____

E-Mail Address _____ Website: _____

Names of Principals or Officers:

Give a concise narrative, with dates, of company's experience, date of organization, etc.

Location(s)

Is the company qualified by the Kentucky Department of Transportation to bid on work under the department? Yes: _____ No: _____

I/We hereby apply for membership in the Kentucky Crushed Stone Association, Inc., and agree to abide by the Constitution and Bylaws of the Association. A check for \$1000, which equals the minimum membership fee, accompanies this application. It is understood that the annual dues will be based on the number of locations and MSHA reported man-hours at these locations, dues will be billed on a quarterly basis.

Signed: _____

Title: _____

Date: _____

References: (Give name and company of three people who are officials of member firms of the Kentucky Crushed Stone Association, Inc.)
