



ASSOCIATE MEMBERSHIP APPLICATION

COMPANY INFORMATION

Company Name:

Address:

City:	State/Prov:	Zip/Postal Code:
Country:	Phone:	Fax:

Company Website:

Sponsor /Referral (please list name and company if an ICPI member referred you to join):

PRIMARY CONTACT INFORMATION

Please note that the primary contact will receive all dues and renewal invoices, and will be the main point of contact with ICPI.

Primary Contact Name:	Title:
E-mail:	Direct Phone:
2 nd Representative Name:	Title:
Email:	Direct Phone:

MEMBERSHIP CATEGORIES

Associate Annual Dues (Please check one box below):

- \$0 to \$250,000\$2,230
- \$250,001 to \$500,000.....\$2,895
- \$500,000 to \$1,000,000.....\$3,760
- \$1,000,000 to \$2,500,000.....\$4,895
- \$2,500,001 to \$5,000,000.....\$6,365
- \$5,000,001 to \$7,500,000.....\$8,270
- \$7,500,001 to \$10,000,000.....\$10,755
- Over \$10,000,000.....\$13,985

Associate Member (voting) Description:

Suppliers of products and services to the concrete paver or other segmental concrete systems industries. Associate members are entitled to vote. Voting members may serve on committees and on the Board of Directors. Dues based on annual sales to the paver industry in North America.

PRODUCTS

- Admixtures Aggregates Cement Compaction Equipment Computer Programs Concrete Products Machinery
- Concrete Supplies Consulting Edging Systems Excavation Equipment Fork Lifts Geotextiles/Geogrids
- Hand saws/tools Handling Equipment Licensor Lighting Systems Mixers Molds Pallets Paver Saws/Blades
- Pigments Sand Stabilizers Sealants, Cleaners, Adhesives Skid Steer Loaders Strapping Systems Other (please list)_____

PAYMENT INFORMATION

Dues are payable in U.S. dollars. Please note that full payment must be submitted before the application can be processed.

Associate members may pay: Annually Quarterly | Note: A minimum of the first quarter dues must accompany this application.

Amount Enclosed: _____ Check (made payable to ICPI) VISA MasterCard AMEX

Card #: _____ Exp. Date: _____ | Name on Card: _____

Signature: _____ Billing Address: _____

SIGNATURE

I hereby warrant that I am an authorized representative of the above-named applicant and that as such I am authorized to execute this document on the applicant's behalf. In that capacity, I acknowledge and agree that by signing this application for ICPI membership on behalf of the applicant, the applicant shall at all times remain liable for its annual ICPI membership dues assessed and due through the fiscal year ending June 30th. In consideration of ICPI accepting this application for membership, the above-named applicant warrants that it shall abide by the terms and conditions of ICPI's Bylaws and Statement of Policy Manual as they are currently written or as they may be amended in the future.

By signing this application, the applicant further agrees that in the event the applicant becomes an ICPI member and is subsequently terminated or suspended from membership, dissolved, liquidated, or is acquired by or merged with another entity that is not an ICPI member, the applicant shall be and remain liable to ICPI for any outstanding debts or obligations to ICPI, including, but not limited to, any unpaid membership dues and past member assessments. *In the event the applicant becomes an ICPI member and is subsequently acquired by or merged with another ICPI member, the applicant shall remain liable for membership dues assessed and due through the fiscal year ending June 30th.*

Signature of applicant: _____ Date: _____

Return this application with payment (in US dollars) to: ICPI, 14801 Murdock Street, Suite 230, Chantilly, VA 20151
 Fax: (703) 657-6901 Ph: (703) 657-6900 Email: icpi@icpi.org Web: www.icpi.org

US Companies: ICPI dues are not tax deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense. ICPI estimates that 6% of your dues payment is allocated to lobbying activities and is not deductible for federal income tax purposes. If in doubt, please contact your tax advisor.