



ASSOCIATED OREGON LOGGERS, INC.

Associated Oregon Loggers was created by loggers, for loggers, for the sole purpose of helping you in your achievement of success.

AFFILIATE MEMBERSHIP APPLICATION

Sponsor Company Name: _____

Affiliate Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Number: _____ Shop Number: _____

Fax Number: _____ E-Mail Address: _____

AOL's "Mainline" Newsletter and our "Oregon Professional Logger" Calendar is published monthly.

Please indicate how you would like to receive this mailing for the above company.

Mail

Email

Do not send

Please list all owners (*attach additional page if necessary*):

Owner/Primary Contact Persons Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cellular Number: _____

Spouse Name: _____ E-Mail Address: _____

Please indicate how you would like to receive the Mainline & OPL Newsletter for the above contact.

Mail

Email

Do not send

Owners Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cellular Number: _____

Spouse Name: _____ E-Mail Address: _____

Please indicate how you would like to receive the Mainline & OPL Newsletter for the above contact.

Mail

Email

Do not send

Owner Signature: _____ Date: _____

For office use only:

Member #: _____

Executive Approval: _____

District: _____

Date: _____

District Rep: _____

Membership Rep: _____

Type of Work (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Falling - hand or mechanical | <input type="checkbox"/> Reforest - plant, site prep, tree care, PCT or other labor |
| <input type="checkbox"/> Logging - process, yard or load | <input type="checkbox"/> Firefight - fire crews or equipment, burning |
| <input type="checkbox"/> Trucking - hauling logs, logging equipment, chip or hogg | <input type="checkbox"/> Primary Type of Work |
| <input type="checkbox"/> Roading - construction or maintenance | _____ |
| <input type="checkbox"/> Slash - piling, chipping, grinding, hand pile, recovery or mechanical thin | _____ |
| | _____ |

AFFILIATE MEMBERSHIP DUES ARE \$50.00 UPON JOINING

(Each July 1st you will be billed \$50.00 for the following Membership year.
AOL's Membership Year is July 1st - June 30th of the following year.)

Total Amount Due: \$50.00

For our records, your Annual Payroll Amount? \$_____ (employees only)

VISA **MASTERCARD**

Card # _____ Expiration Date: _____
Name on Card: _____ Signature: _____
Zip Code Associated with card: _____ 3 Digit Code on back of Card: _____

THANK YOU FOR JOINING ASSOCIATED OREGON LOGGERS' TEAM!

Please mail your application and dues to:

Associated Oregon Loggers, Inc.

PO Box 12339

Salem, OR 97309-0339

OR

Fax your application to: 503-364-0836