



# 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.

## COOPERATIVE MEMBERSHIP APPLICATION

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 & mailed 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 Newsletter for the above owner/primary 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 Newsletter for the above owner*

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

**MEMBERSHIP DUES**

AOL's membership year is from July 1<sup>st</sup> through June 30<sup>th</sup> of the following year.

For our records, your Annual Payroll Amount? \$\_\_\_\_\_ (employees only)  
 (In following years, renewal dues will be \$355 + .00125 of your gross employee payroll. Maximum dues = \$1010.00)

COOPERATIVE New Member Dues Are:

Full Year July 1 <sup>st</sup> - June 30 <sup>th</sup> :	\$355.00
One time initiation fee:	\$100.00
<b>Total Amount Due:</b>	<b><u>\$455.00</u></b>

<b>BASE RATE</b>	
<b><u>If Join During</u></b>	<b><u>Base</u></b>
August	\$330.00
September	\$300.00
October	\$270.00
November	\$240.00
December	\$210.00
January	\$180.00
February	\$150.00
March	\$120.00
April	\$ 90.00
May	\$355.00
June	\$355.00

<b>OR</b>	
Fill in Base Rate from left:	<input style="width: 80px; height: 20px;" type="text"/>
One time initiation fee:	<u>\$100.00</u>
<b>Total Amount Due:</b>	<b><u>\$</u></b>

Please mail your application and dues to:  
**Associated Oregon Loggers, Inc.**  
**PO Box 12339**  
**Salem, OR 97309-0339**  
**Or fax your completed application to: 503-364-0836**



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