

**Southeastern Asphalt User Producer Group**  
**P.O. Box 1067**  
**Arkadelphia, AR 71923**  
**870-245-5665 / 870-245-5689 (Fax)**

**Annual Membership Categories & Dues**

**Agency Membership:** Local, state and federal agency representatives, responsible for specifications, use and approval of asphalt paving materials and asphalt pavements production and construction procedures. There are **no dues** for this membership, but application is required in order to be eligible to participate in the voting process within SEAUPG.

**Individual Membership: \$150**

This membership is open to all interested individuals from all facets of the asphalt paving industry, including paving contractors, material suppliers (asphalt, aggregate, additives, etc.), equipment suppliers (construction, testing, etc), and professionals (consultants, engineers, testing agencies, etc).

**Organizational Membership: \$600**

As described in the Individual Membership class, Organizations pay one fee for multiple individuals (maximum of six) who represent the Organization. Additional members within the Organizational Membership are \$125 for each additional representative over the initial six.

I / We are applying / renewing: \_\_\_ Individual Membership (\$150 each) \_\_\_ Organizational Membership (up to six-\$600)  
\_\_\_ Agency Membership (no dues, but membership required to vote)

Company / Agency: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City / State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Individuals Representing Organization or Agency (this form may be copied for additional representatives)**

1. \_\_\_\_\_ Email: \_\_\_\_\_
2. \_\_\_\_\_ Email: \_\_\_\_\_
3. \_\_\_\_\_ Email: \_\_\_\_\_
4. \_\_\_\_\_ Email: \_\_\_\_\_
5. \_\_\_\_\_ Email: \_\_\_\_\_
6. \_\_\_\_\_ Email: \_\_\_\_\_

Enclosed is check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for SEAUPG Membership Dues

Credit Card: \_\_\_ Visa \_\_\_ MC Exp. Date: \_\_\_/\_\_\_/\_\_\_

Credit Card Number: \_\_\_\_\_

Billing Address if different from above (**Street or Box Number Only**): \_\_\_\_\_ Zip \_\_\_\_\_

Name On Card: \_\_\_\_\_ Amount to charge: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_