



**SOUTHEASTERN ASPHALT USER / PRODUCER GROUP**  
 Membership Application

We submit our application for Annual Membership in the Southeastern Asphalt User / Producer Group (SEAUPG) under the following membership category. Organization Membership may have up to six (6) representatives. Application may be used for more than one individual if payment is made together.

**MEMBERSHIP CATAGORIES:** \_\_\_\_\_ State / Government-----\$0\*  
 \_\_\_\_\_ Organization-----500.00  
 \_\_\_\_\_ Individual-----100.00

\*State / Government: Please submit application in order to be recognized as a member and be eligible to vote and to be assured notice of upcoming events with the Group.

Primary Representative: \_\_\_\_\_

Company / Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

**ORGANIZATION MEMBERSHIP REPRESENTATIVES \$500.00 (UP TO SIX)\*\***

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

\*\*Please include a separate page for telephone/fax/address/email if different from primary representative

**INDIVIDUAL / STATE/ GOVERNMENT REPRESENTATIVES** (please include \$100 for each

**Individual**. (state/ government member, no fee).

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**FORM OF PAYMENT:**

Enclosed Payment: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please charge to: \_\_\_\_\_ Visa \_\_\_\_\_ M/C \_\_\_\_\_ AMEX \_\_\_\_\_ Discover

Credit Card Billing Address (street or P.O. Box number only) \_\_\_\_\_ Zip \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

**Send Application and Payment to: Southeastern Asphalt User / Producer Group (SEAUPG)  
 P.O. Box 1065 / Ridgeland, MS 39158  
 Or Fax: 601-206-5333**