



Illinois Concrete Pavement Association Application for Membership - 2023 Consultant /Business Services

PLEASE COMPLETE THE FOLLOWING CONTACT INFORMATION:

Company/Firm Name: _____

Main office address: _____

City: _____ State/Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Web Address: _____

Your Name: _____

Your Title: _____ E-mail: _____

SELECT THE MEMBERSHIP CLASSIFICATION THAT APPLIES TO YOU AND/OR YOUR COMPANY (CHECK ONE):

- Consultants\$250.00 /yr
- Business Services.....\$250.00 /yr

DESCRIPTION – Consultants and Business Services Members shall be individuals or firms not actually engaged as paving contractors, material suppliers, material haulers, cement suppliers, equipment manufacturers or distributors, but who 1) engage in business associated with design, construction management, or assessment of concrete pavement; 2) are interested in improving the quality of concrete pavements or in the promotion of concrete pavement; 3) provide business consulting services to businesses qualifying for other membership classes of ILCPA; and 4) are interested in the purposes of the Association as stated in the Bylaws. Consultants/Associate Members may serve on all levels of the Association. All memberships are considered active unless a letter of resignation of membership is received in writing at the Association headquarters office.

ILCPA MEMBERSHIP IS TAX DEDUCTIBLE:

The Illinois Concrete Pavement Association (ILCPA) is a 501(c)6 organization. For federal tax purposes, contributions to the ILCPA are a deductible business expense. For 2023, no portion of ILCPA dues are contributed to political campaigns or candidates.

ILCPA CONTACT INFORMATION:

For additional information, please contact:
Robert Rescot, Ph.D., P.E.
Executive Director
Phone: 217-553-4756
rrescot@ilcpa.org

PLEASE PROVIDE PAYMENT INFORMATION:

Annual Dues: _____ \$ 250.00

Billing contact name (if different from you): _____

Billing contact address (if different from yours): _____

City: _____ State/Province: _____ Postal Code: _____

Billing Contact Telephone: _____ Billing Contact Fax: _____

Billing Contact E-mail: _____

PLEASE PROVIDE ADDITIONAL CONTACTS FROM YOUR FIRM/COMPANY:

Your colleagues may also be eligible to participate, receive information from ILCPA and be listed as a contact for your entry in our membership directory. (To add more people than space allows on this page, simply include or attach the additional information to your application):

Name: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail address: _____

Name: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail address: _____

PLEASE SIGN AND DATE APPLICATION:

Signature: _____

Date: _____

REMITTANCE:

By Credit Card (preferred):

Please visit <https://www.ilcpa.org/membership/join-us> choose the membership category, then click on the *Join Now* button. ILCPA uses Stripe to process credit card payments, transactions will appear on your bank statement as www.ilcpa.org.

By Check:

Please contact rrescot@ilcpa.org for more information

Please return a signed copy of this form and a high-resolution copy of your company logo for the ILCPA webpage to rrescot@ilcpa.org.