



APPLICATION FOR ASSOCIATE MEMBERSHIP

To the Executive Committee:

_____ hereby applies as an Associate Member of the American Fuel & Petrochemical Manufacturers and submits the following information:

A brief description of the company's business: _____

Main company address: _____

Company website: _____

Company Representative to AFPM:

Name: _____ Title: _____
Address (if different from above) _____
Email: _____ Phone: _____ Fax: _____

Billing Contact (if different from contact above):

Name: _____ Title: _____
Address (if different from above) _____
Email: _____ Phone: _____ Fax: _____

Principal Officers:

Name: _____ Title: _____ Email: _____
Name: _____ Title: _____ Email: _____
Name: _____ Title: _____ Email: _____

Subsidiaries that would be covered under the applicant's membership:

* * * * *

Endorsement by Member of AFPM Board of Directors (required)

I am pleased to recommend _____ to become an Associate Member of AFPM.
(Name of Company)

AFPM Board Member Name and Company: _____

Signature: _____ Date: _____

Please return to:
AFPM
Fax: 202-457-0486
1800 M Street NW, Suite 900 North
Washington, DC 20036

For additional information, please contact Michael Mills at 202-457-0480
or email membership@afpm.org