



2600 Corporate Exchange Dr., Ste 165  
 Columbus, OH 43231  
 Tel 614/891-0210 Fax 614/891-2675

info@ohioconcrete.org  
 www.ohioconcrete.org



## Associate Member Application

I/We hereby make application for Associate Membership in Ohio Concrete, and agree to pay the appropriate annual membership fee (see dues structure below) and abide by Ohio Concrete's Bylaws. It is expressly agreed that I/we shall enjoy all the privileges of membership, including the objectives and purposes of the said Association, and also receive copies of notices issued by Ohio Concrete. Likewise I/We shall have the privilege of attending all general meetings of the said Association.

### ASSOCIATE MEMBER DUES STRUCTURE (Check One)

- Admixture, Fly Ash \$2,000 per year
- Supplemental Cementitious Material Providers \$2,000 per year
- Manufacturing, Aggregate, Transportation and Fiber companies \$1,200 per year
- Service Providers \$950 per year

\_\_\_\_\_  
 COMPANY

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 CITY STATE ZIP

\_\_\_\_\_  
 PHONE FAX

\_\_\_\_\_  
 EMAIL COUNTY

\_\_\_\_\_  
 PRODUCTS/SEVICES DESCRIPTION

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 COMPANY PRINCIPALS/PERSONNEL AND TITLE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 OTHER OFFICE ADDRESSES/LOCATIONS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 SIGNATURE

ENCLOSED IS MY PAYMENT OF \$ \_\_\_\_\_  
 (Make checks payable to Ohio Concrete and mail to 2600 Corporate Exchange Dr., Ste. 165, Columbus, OH 43231)

CHARGE \$ \_\_\_\_\_ TO VISA/MC/AMEX/DISC  
 (Credit card applications only may be faxed to 614/891-2675)

\_\_\_\_\_  
 CARD NUMBER

\_\_\_\_\_  
 EXPIRATION DATE SECURITY CODE

\_\_\_\_\_  
 CARD HOLDER'S NAME

\_\_\_\_\_  
 BILLING ADDRESS (if different from company address)

\_\_\_\_\_  
 CITY STATE ZIP

\_\_\_\_\_  
 CARDHOLDER'S SIGNATURE DATE

I WOULD LIKE TO SET UP A PAYMENT PLAN:  
 ANNUAL  SEMI-ANNUAL  QUARTERLY

(If selecting this option, please complete page 2 and return with your completed application)

Contributions or gifts to Ohio Concrete are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense.

**Note:** In accordance with the 1993 Budget Reconciliation Act, a portion of the membership dues that are paid to a trade association, which lobbied for its members in a specific industry, are determined to be non-deductible by its members. The Ohio Concrete Association has calculated this percentage to be 10%. This means that 10% of the membership dues paid by your company for June 1, 2025 are not deductible for income tax purposes.



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## MEMBERSHIP DUES PAYMENT AUTHORIZATION AGREEMENT

I hereby authorize Ohio Ready Mixed Concrete Association dba Ohio Concrete to electronically DEBIT the account(s) listed herein acting on behalf of \_\_\_\_\_ (company name).

### TERMS:

Annual       Semi-annual       Quarterly

### PAYMENT METHOD:

Credit Card       ACH

### ACCOUNT INFORMATION:

ACH payment authorization

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name(s) on the Account: \_\_\_\_\_

\_\_\_\_\_

Credit Card payment authorization

Cardholder Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I attest that I have the authority to act on behalf of \_\_\_\_\_ (company name). I agree that transactions I authorize comply with all applicable law. I understand that this authorization will remain in full force and effect until I notify Ohio Ready Mixed Concrete Association dba Ohio Concrete that I wish to revoke this authorization. I understand that Ohio Ready Mixed Concrete Association dba Ohio Concrete requires prior notice in writing to cancel this authorization.

Print name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_