

International Grooving & Grinding Association

ACPA Concrete Pavement Restoration Division
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Your Pavement Preservation Resource

APPLICATION FOR MEMBERSHIP

Date: _____

Membership Category (check one)

___ Contractor ___ Manufacturer / Supplier ___ Bridge Deck Grooving Contractor

___ International Contractor ___ Government Affiliate ___ Consultant ___ Associate

Company Name _____

Main Office Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Email _____ Website _____

Name & Title of Person in Your Company to be the IGGA Representative:

Narrative of company's experience, date of formation, etc. _____

If elected to membership, this organization agrees to pay all applicable national dues, home chapter dues and visitor chapter dues if applicable, as outlined by the IGGA bylaws and ACPA affiliation agreement, that are in effect during the period of membership.

Recommended for membership by:

Name & Company _____