



### CONTACT INFORMATION

Company Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Primary Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

### ADDITIONAL CONTACTS

Please list any additional contacts that would like to receive news and information from the SAGRA.

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

### MEMBERSHIP DUES

**Spokane Area Good Roads Association annual membership dues are \$350.**

This application is being submitted for membership with the Spokane Area Good Roads Association. It is understood that this application is for membership only and participation in specific programs or services may be subject to additional criteria and/or enrollment fees as established by the Board of Directors. This form must be filled out in its entirety, signed, dated and submitted with payment. It is not the policy of the Spokane Area Good Roads Association to automatically terminate memberships. Accordingly, it is the responsibility of the member to inform us if you do not intend to renew.

*I consent for my company to receive communications sent by or on behalf of the Inland Northwest AGC and its affiliates via mail, email or phone.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form with payment to the  
Spokane Area Good Roads Association, PO Box 11582, Spokane, WA 99211