



# PRODUCER MEMBERSHIP APPLICATION

## COMPANY INFORMATION

Company Name:		
Address:		City:
State:	Country:	Zip Code:
Website:	Phone:	Fax:

## PRIMARY CONTACT INFORMATION

Please note that the primary contact will receive all dues and renewal invoices, and will be the main point of contact with ESCSI.

Primary Contact Name:	Title:
Email:	Direct Phone:
2 <sup>nd</sup> Contact Name:	Title:
Email:	Direct Phone:

## MEMBERSHIP CATEGORIES

<p><b>Producer Annual Dues:</b> For the current year's dues, please contact the ESCSI Office at <a href="mailto:info@escsi.org">info@escsi.org</a>.</p>	<p><b>Producer Member Description:</b> Producer membership shall be open to firms or individuals producing and shipping lightweight aggregates consistently conforming to the current version of Specifications C330 and C-331 of the American Society for Testing and Materials (ASTM). Such lightweight aggregates shall be produced by expanding and vitrifying suitable shale, clay and slate by the rotary kiln process. Said lightweight aggregate shall produce concrete (without the addition of natural sand or aggregate) with not more than 564 lbs. of Portland Cement per cubic yard of concrete (335 kg per cubic meter) with a minimum compressive strength of 3200 psi (2325 kg/sq. cm.) and a density (unit weight) of not more than 100 pcf (1602 kg/cu.m.) at equilibrium as determined by ASTM C 567. The plastic concrete mix shall have a slump of 3" (7.6 cm.) plus or minus 1/2" (1.3 cm.), and the cylinders tested shall be cured in accordance with the edition of ASTM C-330 current at the time of test.</p>
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## PAYMENT INFORMATION

**Dues are payable in U.S. dollars. Please note that full payment must be submitted before the application can be processed.**

Amount Enclosed: \_\_\_\_\_  Check or Money Order (made payable to ESCSI)  Bank Transfer (transfer information sent separately)

## SIGNATURE

I hereby warrant that I am an authorized representative of the above-named applicant and that as such I am authorized to execute this document on the applicant's behalf. In that capacity, I acknowledge and agree that by signing this application for ESCSI membership on behalf of the applicant, the applicant shall at all times remain liable for its annual ESCSI membership dues assessed and due through the fiscal year ending August 31st. In consideration of ESCSI accepting this application for membership, the above-named applicant warrants that it shall abide by the terms and conditions of ESCSI's Bylaws as they are currently written or as they may be amended in the future.

By signing this application, the applicant further agrees that in the event the applicant becomes an ESCSI member and is subsequently terminated or suspended from membership, dissolved, liquidated, or is acquired by or merged with another entity that is not an ESCSI member, the applicant shall be and remain liable to ESCSI for any outstanding debts or obligations to ESCSI, including, but not limited to, any unpaid membership dues and past member assessments. In the event the applicant becomes an ESCSI member and is subsequently acquired by or merged with another ESCSI member, the applicant shall remain liable for membership dues assessed and due through the fiscal year ending August 31st.

Signature of Applicant:	Date:
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Return this application with payment (in U.S. dollars) to: ESCSI, 35 E. Wacker Dr., Suite 850, Chicago, IL 60601

Fax: (312) 644-8557 Ph: (801) 272-7070 Email: [info@escsi.org](mailto:info@escsi.org) Web: [www.escsi.org](http://www.escsi.org)