



**2017 TXAPA MEMBERSHIP DIRECTORY
LISTING INFORMATION**

COMPANY: _____

BUSINESS TYPE: _____

ASSOCIATION REP: _____

EMAIL: _____

WEBPAGE: _____

MAILING

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

PHYSICAL

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICERS: (NAME AND TITLE)

CIRCLE ONE: BRANCH LOCATIONS / PLANT LOCATIONS

BRANCH / PLANT LOCATIONS (IF APPLICABLE): (CONTACT NAME, CITY, STATE,
PHONE, FAX, EMAIL)

NO CHANGES: _____ USE ADDITIONAL PAGES IF NEEDED

RETURN FORM TO: vriojas@texasasphalt.org / FAX: (512) 312-5043
DEADLINE: 01/06/2017