



MEMBERSHIP APPLICATION - AFFILIATE MEMBER

Name of Firm: _____

Street/Mailing Address: _____

Business Phone: _____ Facsimile: _____

E-mail Address: _____ Website: _____

Membership Fee: \$400/Year

Primary Field of Activity (services): _____

Company Description:

Firm's Official Representative:

Name	Title	E-mail
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Other Firm Participants:

Name	Position	E-mail
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Name	Position	E-mail
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References (clients or A/E firms):

Firm	Contact	() _____ Phone
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Firm	Contact	() _____ Phone
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Committee Assignments: Please list below your choice(s) for committees assignments (a list of committees is available on the ACEC/Michigan website at www.acecmi.org.)

Committee Choice(s): 1. _____ 2. _____

Signature of Principal: _____ **Date:** _____