



MEMBERSHIP APPLICATION - AFFILIATE MEMBER

Name of Firm: _____

Street/Mailing Address: _____

Business Phone: _____ Facsimile: _____

E-mail Address: _____ Website: _____

Membership Fee: \$450/Year

Primary Field of Activity (services): _____

Company Description:

Firm's Official Representative:

| | | |
|------|-------|--------|
| Name | Title | E-mail |
|------|-------|--------|

Other Firm Participants:

| | | |
|------|----------|--------|
| Name | Position | E-mail |
|------|----------|--------|

| | | |
|------|----------|--------|
| Name | Position | E-mail |
|------|----------|--------|

References (clients or A/E firms):

| | | |
|------|---------|--------------------|
| Firm | Contact | () _____ Phone |
|------|---------|--------------------|

| | | |
|------|---------|--------------------|
| Firm | Contact | () _____ Phone |
|------|---------|--------------------|

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:** _____