



APPLICATION FOR AFFILIATE MEMBERSHIP

Please provide all data requested in this application and mail to the American Council of Engineering Companies of Louisiana, 9643 Brookline Avenue, Suite 112, Baton Rouge, LA 70809. If application is not approved, you will be notified.

I. COMPANY DATA

A. Primary Contact _____

B. Name of Person Completing Form
(if different from above) _____

C. Company Name _____

D. Corporate Address _____

E. City _____

F. State _____

G. Zip Code _____

H. Primary Contact's Phone Number _____

I. Fax Number _____

J. E-Mail Address _____

K. Description of Firm Activities _____

L. Total Number of Employees _____

NOTICE TO APPLICANT

Affiliate membership Dues have been established at \$500.00/year and are payable when your application is accepted and upon receipt of your dues invoice.

DO NOT WRITE BELOW THIS LINE

Date Application Received _____ Dues Check Received _____

Date Membership Activated _____

NOTES: