



**Affiliate Member Application**

Date of Application: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip (+4): \_\_\_\_\_

Mailing Address if Different from above: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip (+4): \_\_\_\_\_

Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_ ) \_\_\_\_\_

Website: \_\_\_\_\_

Who will serve as official representative of your business in ACEC/MS:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide a brief description of business and/or services provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return application to: ACEC/MS  
825 N. President Street, Jackson, MS 39202  
Phone: 601-420-2002**