

Affiliate Member Application

Name of Business:	Date of Application:	
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 of Business:	
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:	Street Address:	
City: State: Zip (+4): Telephone Number: (Fax Number: () Website: Who will serve as official representative of your business in ACEC/MS:	City: State:	Zip (+4):
Telephone Number: (Mailing Address if Different from above:	
Website: Who will serve as official representative of your business in ACEC/MS:	City: State:	Zip (+4):
Who will serve as official representative of your business in ACEC/MS:	Telephone Number: ()	Fax Number: ()
	Website:	
Name:Email:	Who will serve as official representative of your busine	ess in ACEC/MS:
	Name:	Email:
Name:Email:	Name:	Email:
Please provide a brief description of business and/or services provided:	Please provide a brief description of business and/or s	services provided:

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