



AMERICAN COUNCIL OF ENGINEERING COMPANIES
of Mississippi

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
3900 Lakeland Drive, Suite 201, Flowood, MS 39232
Phone: 601-420-2002 Fax: 601-420-2315**