



ACEC-MS

Application for Affiliate Membership



Date of Application: _____

Name of Firm: _____

Type of Firm:

Corporation _____ Proprietorship _____ Partnership _____ Other _____

Street Address: _____

City: _____ State: _____ Zip (+4): _____

Telephone Number: () _____ Fax Number: () _____

Email: _____ Website: _____ No. of Employees: _____

Entire Board of Directors (Names) (or All Owners/Officers)	Positions(s)	Job Description	Active in Firm
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Person who will serve as official representative of your firm in ACEC/MS:

Name	Title	Years with Firm
_____	_____	_____

In your own words, describe why your firm's acceptance as an Affiliate Member of ACEC/MS would be of benefit to the ACEC/MS organization: _____

Please return application to: ACEC/MS
 3900 Lakeland Drive, Suite 201, Flowood, MS 39232
 Phone: 601-420-2002 Fax: 601-420-2315