



# Affiliate Membership Application

Los Angeles County Chapter

I. Firm Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Email: \_\_\_\_\_ Web: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_

II. Name and Title of your firm's Principal, Manager and/or Contact Persons:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

III. State nature and scope of firm's business activities for reprinting in the Membership Directory and Update.  
*Stress specialties in 50 words or less. Use back if necessary. ACEC CA LA reserves the right to edit material submitted for printing.*

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

IV.  Dues check made payable to ACEC LA is enclosed. **Amount due: \$500.00**  
*ACEC Los Angeles Affiliate Membership dues for the calendar year are \$500.  
 Firm must be an Affiliate Member of ACEC CA prior to becoming an Affiliate Member in ACEC LA Chapter.  
 Affiliate Membership entitles everyone from your firm to Member Benefits unless noted as restricted to Regular Members.*

V. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE MAIL THIS APPLICATION WITH YOUR CHECK TO:  
 ACEC CA LA, P.O. BOX 41612, LONG BEACH, CA 90853  
 PHONE: (562) 439-3950

(For ACEC California – Los Angeles Chapter use only)

Current ACEC California Affiliate Member: Yes / No

Membership Approval by: \_\_\_\_\_ Date: \_\_\_\_\_

