



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 fiscal year (July 1 - June 30) are \$500.
 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 County Chapter, PO Box 5655, Oceanside, CA 92052
 PHONE: (949) 842-9797

(For ACEC California – Los Angeles Chapter use only)

Membership Approval by: _____ Date: _____