

Associate Membership Application

Section I

Firm Name _____

Parent Company if branch or subsidiary _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Website _____

Total Company-wide Personnel _____ Total Full-time State Personnel _____

Date Firm Started _____

Corporate Office in New Mexico: Yes No Branch Office: Yes No

Firm Description (briefly describe the firm's activities; attach an additional sheet if necessary)

Services Provided to the Engineering Community

Section II

Key Principal or Primary Contact (required)

Full Name	Title
Email Address	Professional Role Within Firm

Add the names of staff members whom you feel would benefit from participation in ACEC (attach additional sheets if necessary).

Full Name	Title
Email Address	Professional Role Within Firm

Full Name	Title
Email Address	Professional Role Within Firm

Full Name	Title
Email Address	Professional Role Within Firm

Other Key Staff (such as Human Relations, IT, etc.)

	Email: _____
	Email: _____
	Email: _____

Thank you for your interest in ACEC New Mexico. Please return form to:

American Council of Engineering Companies New Mexico
Attn: Dawn Tibbetts
P.O. Box 3773
Albuquerque, NM 87190-3773

Questions? Contact Dawn Tibbetts at (505) 888-6161 or at ACECNM@ACECNM.org

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