



MEMBERSHIP APPLICATION

Member Classification: (check one)

- Owner Member \$1750/year**
Public or Private End User who Procures Design & Construction Services

- Affiliate Member \$1750/year**
Contractors, A&E firms, Professional Services, Vendors

Applicant Organization:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ FAX: _____

E-Mail Address: _____

Members shall appoint a designated representative and one or more alternate representatives who shall represent member at all meetings and in all matters relating to the Council.

Representative:

Alternate:

Name: _____ Name: _____

Mail Address: _____ Mail Address: _____

Phone: _____ FAX: _____ Phone: _____ FAX: _____

E-Mail: _____ E-Mail: _____

Business Description _____

The Applicant accepts the terms, conditions, and provisions of the associations by-laws. Please enclose check with application.

Submitted By: _____ Date: _____

Signature _____ Title: _____