

## Application for Professional/Affiliate Membership

FIRM:			
CONTACT:	TITLE:		
BUSINESS ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:()	FAX:	_()	
EMAIL ADDRESS:			
WEBSITE ADDRESS:			
OTHER FIRM EMPLOYEES W	HO SHOULD RECEIVE E-MAIL NOTIFI	CATIONS:	
(1)	TITLE:	EMAIL	
(2)	TITLE:	EMAIL	
THIS APPLICATION IS FOR A	PROFESSIONAL/AFFILIATE MEMBER	SHIP:	
industries yet do not qualify building owners and develo	chip, corporation, or association with for any other existing membership pers, building officials, government rested in the Industries' welfare, ma	category, including architects, officials, academia, and others	engineers, consultants, as determined by the
A CONTRACTOR MEMBERSH	IIP IS \$ 95. DUE ON AN ANNUAL E	BASIS.	
Association. If accepted into Bylaws of the Association. (	n for membership consideration with membership, we agree to abide by NECMA Bylaws will be furnished upo join in whichever category they pre- nich they are eligible.	the rules and regulations of thon request) Members who qual	e Constitution and lify for multiple
Our check in the amount payable to the:	of \$for due	es as specified on this form i	s enclosed, made
New England Concrete	e Manufacturers Association		
SIGNATURE		DATE	