Date:

Name of Firm:

Address:

City: State: Zip Code:

Contact Information: Name:

Telephone: Fax:

Email: Year Established:

Type of Business/Service:

 Sole Proprietorship Partnership General Corporation

 Professional Association or Corporation Other:

Professional Organizations or technical societies to which the firm or its principles belong:

(Member) (Organization)

(Member) (Organization)

***American Council of Engineering Companies of Delaware***

***Application for Affiliate Membership***

(Member) (Organization)

Chamber of Commerce Member?

 (Name of Chamber)

ACEC/Delaware Member who referred you?

I declare that the above information is true and that we will pay the annual dues of $300.00

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

 Date Signature

 Name

 Title

What issues are important to you and your company?

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When complete, please email to info@ACECDE.org. Thank you!