



New Mexico Chapter
PO Box 92934
Albuquerque, NM 87199

2019 Application for Membership

Name: _____ National Member No. _____

Address: _____

City _____ Zip Code _____

e-mail _____ phone _____

Business Affiliation _____

Classification (Please Check One)

Testing Lab Concrete Supplier
 Contractor Supplier
 Engineer Other (Specify) _____

I am interested in holding a chapter office: Yes No

I am willing to serve on a chapter committee: Yes No

Membership Dues are for one Calendar year

Individual Membership \$25.00 _____

Contributing Membership \$100.00 _____

Student Membership \$5.00 _____

Applicant's Signature _____ Date _____

Is there someone you know that would like to join?

Name _____ Address _____

Phone _____ City, State, Zip _____

(Please make copies if necessary)

Make Checks Payable to:

New Mexico Chapter ACI

PO Box 92934

Albuquerque, NM 87199