

# ACI Intermountain Chapter Membership Application 2008



Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

ACI International Member:  No  Yes Member # \_\_\_\_\_

### Type of Business: (check one)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Architectural Firm    | <input type="checkbox"/> Contracting Firm | <input type="checkbox"/> Educational Institute  |
| <input type="checkbox"/> Engineering Firm      | <input type="checkbox"/> Government       | <input type="checkbox"/> Manufacturing/Supplier |
| <input type="checkbox"/> Ready-mix Company     | <input type="checkbox"/> Testing Lab      | <input type="checkbox"/> Student                |
| <input type="checkbox"/> Other (specify) _____ |   |   |

### Committee Involvement:

Please indicate if you would like to be involved with any committee

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Awards    | <input type="checkbox"/> Certification | <input type="checkbox"/> Education & Technical |
| <input type="checkbox"/> Luncheons | <input type="checkbox"/> Membership    | <input type="checkbox"/> Newsletter            |
| <input type="checkbox"/> Programs  | <input type="checkbox"/> Publicity     | <input type="checkbox"/> Other _____           |

### Membership Level:

(Gold level entitles you to ten voting individuals. Silver level entitles you to five voting individuals.)

Please check desired membership level:

- Student  Individual (\$20)  Gold (\$1000)  Silver (\$500)

Return Membership Application by mail or fax to:

ACI Intermountain Chapter  
P.O. Box 473  
Tooele, UT 84074  
801-250-3444  
435-882-0592 (fax)

Visa, MasterCard, American Express and Discover are accepted by mail, phone or fax

Name as it Appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Credit Card Amount \$ \_\_\_\_\_

List persons who should be corporate members:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_