



Affiliate Membership Application

Firm Name:

Business Address:

Telephone:

Fax:

Email:

Website:

Type of Business:

Year business was founded:

Please provide a brief description of services your firm provides (50 words or less).
This description will be displayed in the ACECNJ Directory and Website.

Type of Business:

- Individual
- Partnership
- Corporation

Total number of employees:

Name, Address and Email of professional(s) applying for Membership:

Name, Address and Email of Primary Contact:

Please check here if you are a current member of UTCANJ

This application is hereby made for membership in the American Council of Engineering Companies of New Jersey and I agree to subscribe to the Articles and By-Laws of the association.

Signature:

Print Name/Title:

*Affiliate Membership does not carry the authorization, endorsement, support or approval of any product or service by ACECNJ. Affiliate Members may not imply, in any way that ACECNJ authorizes, endorses, supports or approves of their product(s) or service(s).

**Submit your completed application by sending it to
ACECNJ via mail or e-mail.**