



ASSOCIATE MEMBERSHIP DUES TO **IACE** \$ 350.00

For your records: Check No. \_\_\_\_\_ Amount \_\_\_\_\_

Please detach and mail bottom portion with your check.  
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ILLINOIS ASSOCIATION OF COUNTY ENGINEERS  
APPLICATION FOR ASSOCIATE MEMBERSHIP

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMPANY/FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

ASSOCIATE MEMBER \$350.00 \_\_\_\_\_ AMOUNT ENCLOSED

**Please Return To The Address Listed Below:**

**IACE  
712 South Second Street  
Springfield, Illinois 62704**