



ASSOCIATE MEMBERSHIP DUES TO IACE \$ 250.00

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 \$250.00 _____ AMOUNT ENCLOSED

Please Return To The Address Listed Below:

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

Filename: Associate_Member_sign_up_sheet.doc
Directory: H:\Clients\IACE\iace_downloads09
Template: C:\Documents and Settings\gbrown\Application
Data\Microsoft\Templates\Normal.dot
Title: ASSOCIATE MEMBERSHIP DUES TO IACE \$ 250
Subject:
Author: RP
Keywords:
Comments:
Creation Date: 10/24/2008 11:36:00 AM
Change Number: 2
Last Saved On: 10/24/2008 11:36:00 AM
Last Saved By:
Total Editing Time: 1 Minute
Last Printed On: 5/26/2009 2:15:00 PM
As of Last Complete Printing
Number of Pages: 1
Number of Words: 143 (approx.)
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