

APPLICATION FOR MEMBERSHIP

Name _____ Title _____

Address _____ City & Zip _____

Phone-Home: _____ Work: _____

E-mail _____

Employed by (County or Company) _____

*Representing _____ County # of Years in County Highway Work _____

Education _____

Brief History of Experience _____

Would you be interested in serving on one of the NDACE Committees? Yes _____ No _____

Responsible For: Surveys _____ Plans _____

Construction _____ Maintenance _____

Registered in N.D. _____ Registration Number _____

Membership Applies For: Full Member (Annual Dues \$125.00) _____

Sustaining (Annual Dues \$ 15.00) _____

Associate (Annual Dues \$ 15.00) _____

Date _____ Signature _____

Committee Approval:

Chairman _____ Date _____

Members _____

* If applicant is for Full Member & applicant is working for an organization other than a county, they should indicate the county they represent!