

Membership Application



National Association of County Engineers

- Check One:** Membership Renewal
 First Time Applicant

Check One:

 Voting Membership Open to any individual employed in an engineering or management capacity by a county or equivalent government agency.

 Associate Membership Open to any individual whose education, training, vocation, or experience will further the goals and objectives of NACE. An associate member has all the rights and benefits of membership except holding office and voting.

Voting (Principal) Member or Associate Member:

Name: _____

Title: _____

Employer: _____

Address: _____

City: _____

State: _____ Zip: _____

Work Phone: _____ Fax: _____

E-Mail Address: _____

County: _____

Nick Name: _____

Signature: _____

Date: _____

Indicate Membership Category and Level:

Voting Member Based on County Population *

- \$200 <50,000 (1 vote)
- \$350 50,000-150,000 (2 votes)
- \$500 150,000-250,000 (3 votes)
- \$750 250,000-500,000 (4 votes)
- \$1000 >500,000 (5 votes)

Associate Member

- \$200

Payment

- Check Enclosed
- Send Invoice
- Credit Card
Card # _____
Expiration _____

*** Voting Member**

A county may have as many members as you choose: assistant engineers, maintenance or operations supervisors, or others who would benefit.

Complete page 2 to add these individuals.

Return completed form to:

National Association of County Engineers
25 Massachusetts Ave, NW, Suite 580
Washington, DC 20001
T: (202) 393-5041 F: (202) 393-2630
E: nace@naco.org www.countyengineers.org

NACE Membership Year

Applications received January-August are for membership in the current calendar year. Applications received September-December are for membership in the following calendar year.

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National Association of County Engineers

Page 2 : Additional Members

Name: _____

Title: _____

Employer: _____

Address: _____

City: _____

State: _____ Zip: _____

Work Phone: _____ Fax: _____

E-Mail Address: _____

County: _____

Nick Name: _____

Name: _____

Title: _____

Employer: _____

Address: _____

City: _____

State: _____ Zip: _____

Work Phone: _____ Fax: _____

E-Mail Address: _____

County: _____

Nick Name: _____

Name: _____

Title: _____

Employer: _____

Address: _____

City: _____

State: _____ Zip: _____

Work Phone: _____ Fax: _____

E-Mail Address: _____

County: _____

Nick Name: _____

Name: _____

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Address: _____

City: _____

State: _____ Zip: _____

Work Phone: _____ Fax: _____

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