



# MEMBERSHIP APPLICATION

Company \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please indicate which addresses should be used for billing purposes: ( ) Mailing ( ) Physical

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

Number of Employees \_\_\_\_ NM Contractors Licence No. \_\_\_\_\_ Estimated Annual Volume \$ \_\_\_\_\_

Applying for Membership as:

( ) Contractor Member (Contractor/Subcontractor) ( ) Associate Member (Supplier/Service Provider)

## Company Description

Please provide a brief description of the work or service your company provides to the construction industry. \_\_\_\_\_

## Company Contacts

Primary Contact: Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Billing Contact: Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

## **Other Contact Information for Individuals with interest in the following areas:**

<u>Name &amp; Title</u>	<u>Email</u>	<u>To Be Listed In Directory Y/N</u>
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Bid Information \_\_\_\_\_

Education/Training \_\_\_\_\_

Legislative \_\_\_\_\_

Networking/Events \_\_\_\_\_

Membership Committee \_\_\_\_\_

Safety Committee \_\_\_\_\_

Workforce Development \_\_\_\_\_

Associate Member Advisory Council \_\_\_\_\_

**The contact information provided above will be included in the ACNM Membership Directory if so indicate. This Directory is provided to all ACNM Members, as well as Federal, State and Local Construction and Maintenance Procurement Decision Makers.**

We hereby apply for membership with the Associated Contractors of New Mexico (ACNM), and agree to abide by and accept the By-Laws, Rules and Regulations adopted by ACNM. We agree to pay applicable annual dues, and report to ACNM any monthly Volume Assessments based upon awarded Public Works Contracts in New Mexico accordance with the ACNM Assessment Schedule in effect from the date of this agreement until our membership is terminated.

It is further understood and agreed that our failure to keep and perform any and all obligations to the Associated Contractors of New Mexico, or abide by the By-Laws of said Association, may result in forfeiture of our membership in ACNM.

Submitted By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant Signature)

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(ACNM President)

**Please complete and return to ACNM Membership Coordinator Ariel Langford at [alangford@aconm.org](mailto:alangford@aconm.org)**