



Membership Application

Make checks payable to "ABCD – WNY Chapter"

Send application with payment to:
 Emily M. Smith, P.E.
 c/o Fisher Associates
 180 Charlotte Street
 Rochester, New York 14607

All memberships are renewable by May 31st each year.

Indicate Membership Type: Individual (\$45) _____ Government (\$35) _____
(Complete Part A) (Complete Part A)

Corporate Sponsorship* (\$200) _____ Full Time Student (\$10) _____
(Complete Parts A & B) (Complete Part A)

PART A

Name: _____
(First) (M.I.) (Last) (Suffix if desired, i.e. P.E.)

Title: _____

Mailing Address: _____
This will be the address that ALL ABCD correspondence will be mailed to.

Company / Agency: _____
Type of Business: Consultant Government Agency Supplier Contractor Other

Company Address: _____
Complete only if different from mailing address above.

Telephone: () _____ ext. _____

Email Address: _____

PART B

Name: _____
(First) (M.I.) (Last) (Suffix if desired, i.e. P.E.)

Title: _____

Mailing Address: _____
This will be the address that ALL ABCD correspondence will be mailed to.

Telephone: () _____ ext. _____

Email Address: _____

* Corporate Sponsorship includes membership for two named employees. Complete both Parts A & B.