

A I C A E



AMERICAN INDIAN COUNCIL OF ARCHITECTS AND ENGINEERS

Application for Membership

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Last Name: _____ First Name _____ MI _____

Company Name: _____

Business Address: _____

City _____ State _____ Zip Code: _____

Telephone: _____ Fax: _____ Email _____

Home Address: _____

City _____ State _____ Zip Code: _____

Telephone: _____ Fax: _____ Email _____

Send Mail to: Residence Business

Type of Membership Sought: ***Voting** **Non-Voting**
 Corporate Corporate Individual
 Individual Government Agency Student

*If applying for a voting membership, applicant must include copies of Certificate of Tribal Affiliation and Professional Registration (Architect or Engineer). For Voting Corporate Membership, please submit application for each Principal and owner.

Title: _____ Years with Company: _____ % of Ownership: _____

Tribal Affiliation: _____

Gender: Male Female

Date of Birth: _____ Place of Birth: _____

Professional Licenses & Registrations:

Discipline	State	Year Registered

Education:

	Name of School	Years Attended	Grades Completed
High School			
College			
Trade or Technical			

Professional Affiliations: (Names of Organization/s)

Public & Community Service: (Name of Organization/s)

Company Information

Type of Organization: Partnership Non-Profit Tribal
 Corporation: Incorporated under state law of: _____

Company Size: Less than 25 25-49 50-99
 100-499 500-999 1000 and over

Type of Services Provided: _____

Applicant's Signature _____

Date _____

Print Name: _____

