



# Associated Contractors of New Mexico Membership Application

## Company Information:

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_

Contact Person / Title: \_\_\_\_\_

Email: \_\_\_\_\_

Officers / Titles: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sponsoring ACNM Member: \_\_\_\_\_

## Membership Type:

Please check one: \_\_\_\_\_ Contractor Member (Contractor/Subcontractor)

\_\_\_\_\_ Associate Member (Supplier / Service Provider)

## Signature:

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 in accordance with the 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.

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Approved By:  
Associated Contractors of New Mexico

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_