# Affiliate Membership Application

## TO APPLY FOR MEMBERSHIP...

**Step 1:** Verify that your organization meets this membership eligibility criteria:

- Non-profit associations (state, regional or international) that represent organizations having common interests with ACIL.

**Step 2:** Submit your completed membership application to ACIL along with any supporting materials.

**Step 3:** Upon acceptance of your application you will be invoiced for the dues for the balance of the current calendar year. The annual dues are:

- $500 for organizations with fewer than 25 employees; or
- $1,000 for organizations with 25 or more employees.

**Please note:** The membership approval process, conducted by ACIL’s Board of Directors and based upon the criteria listed above, usually takes less than three weeks. Contributions or gifts to ACIL are not tax-deductible as charitable contributions. However, they may be tax-deductible as ordinary and necessary business expenses.

## CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Company:</th>
<th>Contact:</th>
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<tbody>
<tr>
<td>Title:</td>
<td>Mailing Address:</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
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Street Address (If mailing address is a P.O. Box):

| City: | State: | Zip: |

| Phone: | Fax: | E-mail: | Web Address: |

<table>
<thead>
<tr>
<th>How did you first learn of ACIL?</th>
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<tr>
<td>Were you recommended by an ACIL member?</td>
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<td>If so, whom?</td>
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## ORGANIZATION DATA

<table>
<thead>
<tr>
<th>Year Founded:</th>
<th>IRS Status:</th>
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<tbody>
<tr>
<td>Number of Members:</td>
<td>Number of employees:</td>
</tr>
<tr>
<td>Annual Budget:</td>
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ORGANIZATION DESCRIPTION

Please provide a brief description of the types of products and/or services your association offers. (This description will be used in the ACIL Newsletter to announce your membership—please be specific.)

________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________

TARGET MARKETS

Please indicate the areas of testing to which your services and/or products are targeted. Use “1” to indicate primary markets and “2” to indicate any secondary markets.

_____ Construction Material Engineering & Testing
_____ Food Sciences
_____ Conformity Assessment
_____ Other
_____ Environmental Sciences

_____ Environmental Sciences—Testing and research yielding data about hazardous wastes, pollutants, groundwater, soils, sludges, air, water, wastewa- ter and asbestos.

_____ Food Sciences— services to characterize composition, purity, residue content and contamination in the areas of food, pharmaceuticals, cosmetics, and related manufacturing industries.

Construction Material Engineering & Testing—Testing for the construction industry including, but not limited to: footing and drilled pier inspection, reinforcing steel sampling and testing, structural steel inspection, concrete placement inspection, soil compaction testing as well as aggregate tests and concrete or asphaltic concrete mix design. Geotechnical Testing; testing services in the areas of geotechnical engineering, geohydrolic studies, pavement design, slope stability analysis, subsurface and/or mining engineering, and geophysics. Environmental Engineering; environmental assessment and audits of commercial, industrial and/or private property, remedial investigations, preparation of clean-up plans for contaminated sites, and/or monitoring the execution of the remediation work.

Conformity Assessment—Testing, certification, listing or labeling in accordance with applicable domestic, international or foreign government industry, safety and performance standards includes Failure Analysis/Materials Science.

APPLICANT

We hereby represent that our association meets all qualifications for Affiliate Membership in ACIL.

Signature: ___________________________________________________________

Name: _____________________________________________________________ Title: ____________________________

Association: _______________________________________________________

Date: __________________________________________________________________

Questions on the membership application or process? Call ACIL at (202) 887-5872

Please mail application to: ACIL, 1875 I Street NW, Suite 500, Washington, D.C. 20006 or fax to: 202-887-0021