Associated Contractors of New Mexico

Membership Application

Company _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____

Please indicate which address should be used for billing purposes: ☐ Mailing ☐ Physical

Phone _____ Fax _____ Website _____

Number of Employees _____ NM Contractors License No. _____ Estimated Annual Volume $ _____

Applying for Membership as: ☐ Contractor Member (Contractor/Subcontractor - $2,045.00 annual dues)

☐ Associate Member (Supplier/Service Provider - $1,020 annual dues)

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 Address: _____

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

	Name & Title	Email	To Be Listed In Directory
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 indicated. 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 in 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 Lydia Griego-Hansen, ACNM Membership Coordinator, at lydiagh@aconm.org