



# ARKANSAS CHAPTER ACI, INC. 2014 INVOICE FOR DUES



**PLEASE FILL IN YOUR INFORMATION BELOW:**

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**In order to stay on our mailing list an email address MUST be included.**

**AMOUNT DUE:**

_____	\$30.00	NATIONAL MEMBER – MEMBER # _____
_____	\$50.00	NON-NATIONAL MEMBER
_____	\$10.00	STUDENT MEMBER

**CLASSIFICATION (Check One):**

<input type="checkbox"/> ENGINEER	<input type="checkbox"/> ARCHITECT	<input type="checkbox"/> CONTRACTOR
<input type="checkbox"/> STUDENT	<input type="checkbox"/> SUPPLIER/TYPE: _____	
<input type="checkbox"/> OTHER		

**PLEASE RETURN TO:**

ARKANSAS CHAPTER, ACI  
P.O. BOX 60  
EL PASO, AR 72045  
ATTN: LINDA WEAVER  
PHONE: 501-796-2301

**SIGNATURE:**

\_\_\_\_\_

**PLEASE SEND BACK A COPY OF THIS FORM WITH YOUR CHECK**

**(Only send this back if you have NOT already paid your dues for 2014.)**