



MEMBERSHIP APPLICATION

For membership to the Northeast Ohio Chapter of the
Association for Bridge Construction and Design

Type of Membership applying for: _____ Student (\$10) _____ Individual (\$35) _____ Corporate (\$150)
_____ Government (\$20) (includes two individual memberships)

Date: _____

Name of College/University (required for student membership only): _____

The following information is required for ALL types of membership:

Name of Applicant #1: _____ New or Renewal: _____

Company/Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

The following information is required for Corporate Membership only:

Name of Applicant #2: _____ New or Renewal: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Company Website Address: _____

Please make check payable to ABCD Northeast Ohio and then mail check and application to:

ABCD Northeast Ohio

P.O. Box 91997

Cleveland, Ohio 44101-3997

OR pay by using squareup: <https://squareup.com/store/abcdneoh> **AND** by sending application to abcdneoh@gmail.com. For Corporate Applications, please send an updated logo along with application.