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 www.commissioning.org

## Application for Associate Membership

A separate application is required for each individual applying for associate membership.

### Applicant Information

\_\_\_\_\_  
 First Name MI Last Name

\_\_\_\_\_  
 Title

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

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Telephone Fax Email

\_\_\_\_\_  
 Primary Trade or Profession (i.e. electrical, HVAC, owner, architect, etc.)

\_\_\_\_\_  
 List current licenses, registrations and/or certifications held by applicant:

**If accepted for associate membership I hereby agree to abide by the ACG bylaws, policies and procedures. I understand that:**

- 1. Associate member status is available to individuals who are not actively engaged in providing services as a commissioner authority.
- 2. Associate members are strictly prohibited from representing themselves as certified members of ACG, and may not use the ACG logo.

\_\_\_\_\_  
 Application Submitted by

\_\_\_\_\_  
 Signature Date

**Annual Dues:** Annual Membership dues for ACG associate members are \$250.

### PAYMENT INFORMATION

Check Enclosed    
  Visa    
  Mastercard    
  American Express

\_\_\_\_\_  
 Card Number Expiration Date

\_\_\_\_\_  
 Name of Cardholder

\_\_\_\_\_  
 Signature of Cardholder



*Submit application and all applicable fees to:*

**ACG • 2401 Pennsylvania Ave. • Suite 330 • Washington, DC 20037**