



Eastern New York Chapter
of the
**ASSOCIATION FOR
BRIDGE CONSTRUCTION AND DESIGN, Inc.**

APPLICATION FORM

Membership Fee: \$25 per year

**Payable to: Eastern New York ABCD
c/o Mark Olstad
AECOM
40 British American Blvd
Latham, New York 12110**

NAME: _____

ADDRESS: _____
(home or office, whichever you prefer)

ORGANIZATION/COMPANY: _____

TITLE: _____

PHONE: _____ (Work) _____ (FAX) _____ (Home)

E-Mail: _____

Preferred Communication:

- I prefer to receive ABCD communications (meeting notices, newsletters, announcements, etc) via e-mail or download from the ABCD Eastern New York Chapter website at www.abcdeny.org. I understand that this is the preferred method of communication for the organization and it will help lower costs of future programs.
- Please send all ABCD communications via US Mail as I do not have access to e-mail or the internet.

**I AM INTERESTED IN BECOMING AN OFFICER AND/OR A MEMBER OF A COMMITTEE.
PLEASE SPECIFY.**

- | | | |
|---|---|--|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Newsletter Committee | <input type="checkbox"/> Program Committee |
| <input type="checkbox"/> Nominating Committee | <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Education Committee |
| <input type="checkbox"/> Public Relations Committee | | |