



Please print or type all information requested.

Organization information:

Organization

Business Address

City, State/Province, Zip/Postal Code

Country

Telephone Number

Email (if different than Representatives)

Website

Company Profile Information (select all that apply):

Design Materials Production Construction Testing Repair Owner

**YES! We are interested in the extensive benefits afforded an ACI Sustaining Member.
Please process our application immediately!**

Sustaining Membership is available to: A firm, corporation, society, research institute, educational organization, government or agency, utility, or other organization.

\$4,436.00 Annual Dues payment enclosed in U.S. Dollars payable to American Concrete Institute.

ACI Sustaining Membership dues: \$ 4,436.00 Check (# _____)

Total (U.S. Funds Only): \$ _____ Charge: Visa Am. Express MasterCard

Account Number

Expiration Date

Signature

Security Code

NOTE: Annual dues include two subscriptions to *Concrete International*, the *ACI Structural Journal*, and the *ACI Materials Journal*. You also receive one hard copy and one 1-user USB of the ACI Collection of Concrete Codes, Specifications and Practices and a copy of every new ACI technical publication printed during the year. Both reps receive digital access to all ACI University live webinars and on-demand courses and symposium volumes.



2024 ACI Sustaining Membership Application

American Concrete Institute • 38800 Country Club Drive • Farmington Hills, MI 48331 • USA

Phone: +1.248.848.3800 • Fax: +1.248.848.3801 • Web: www.concrete.org

Please print or type all information requested.

1st Representative information:

Organization

Representative: First Name, Middle Initial, Last Name (Surname)

Title

Business Address or P.O. Box Number

City, State/Province, Zip/Postal Code

Country

Telephone Number

Fax Number

Email

Rep Profile information (select all that apply):

MARKET(S)

- Design
- Materials
- Production
- Construction
- Testing
- Repair
- Owner

OCCUPATIONS

- Management
- Consultant
- Engineer
- Architect
- Contractor
- Technical Specialist
- Quality Control
- Inspector
- Craftsman
- Sales & Marketing
- Association Employee
- Government Employee
- Researcher
- Educator
- Student
- Other

Please print or type all information requested.

2nd Representative information:

Organization

Representative: First Name, Middle Initial, Last Name (Surname)

Title

Business Address or P.O. Box Number

City, State/Province, Zip/Postal Code

Country

Telephone Number

Fax Number

Email

Rep Profile information (select all that apply):

MARKET(S)

- Design
- Materials
- Production
- Construction
- Testing
- Repair
- Owner

OCCUPATIONS

- Management
- Consultant
- Engineer
- Architect
- Contractor
- Technical Specialist
- Quality Control
- Inspector
- Craftsman
- Sales & Marketing
- Association Employee
- Government Employee
- Researcher
- Educator
- Student
- Other