

ARCHITECTS & ENGINEERS LEGISLATIVE COUNCIL

COMPONENT ORGANIZATION PARTICIPATION CONTRACT

The undersigned organization, having reviewed and accepted all of the terms and provisions of the Participation Agreement for the Architects & Engineers Legislative Council and attachments thereto, hereby requests approval for Component Organization membership in the Architects & Engineers Legislative Council for the period of July 1, 2011 to June 30, 2012.

Organization	Total State Membership
Date	Official Signature
	Title

Financial support payments are needed quarterly to meet contract obligations. You are asked to pay a minimum of one quarter of your organization's total financial support, each quarter of AELC's fiscal year.

FINANCIAL SUPPORT PAYMENTS

First Quarter (July, Aug., Sept.)	\$ _____	Third Quarter (Jan., Feb., March)	\$ _____
Second Quarter (Oct., Nov., Dec.)	\$ _____	Fourth Quarter (April, May, June)	\$ _____
		TOTAL AMOUNT	\$ _____

Send completed form to: AELC, 700 – 112th Ave. N.E., #207, Bellevue, WA 98004;
DEADLINE: July 1, 2011

The Component Organization named above is hereby approved as a member of the Architects & Engineers Legislative Council for the year July 1, 2011 to June 30, 2012.

ARCHITECTS & ENGINEERS LEGISLATIVE COUNCIL

Official Signature	Date
Official Title	

(Original filed with the AELC Secretary and copy to Component Organization.)

COMPONENT ORGANIZATION MEMBERSHIP INFORMATION

Name of Organization _____

Address _____ Zip _____

Delegates to AELC:

Primary Delegate:

Name _____ Work Phone _____

Address _____ Zip _____ FAX _____

Firm Name _____

Alternate Delegate:

Name _____ Work Phone _____

Address _____ Zip _____ FAX _____

Firm Name _____

President: Name _____ Work Phone _____

Address _____ Zip _____ FAX _____

Firm Name _____

Treasurer: Name _____ Work Phone _____

Address _____ Zip _____ FAX _____

Firm Name _____

STAFF: (check one) Executive Director _____ Office Manager _____ Other _____

Executive Secretary _____ Recording Secretary _____

Name _____ Work Phone _____

Address _____ Zip _____ FAX _____

Name of Newsletter _____

Publishing Deadline _____ Publishing Frequency _____

Name of Editor _____ Work Phone _____

Address _____ Zip _____