



# Membership Application

send with payment to:  
(Make checks payable to "ABCD - WNY Chapter")

c/o Jeffrey Blank, P.E.  
DiDonato Associates.  
689 Main Street  
Buffalo, New York 14203



Indicate Membership Type: Individual(\$45) \_\_\_\_\_ Government(\$35) \_\_\_\_\_ Corporate (\$200) \_\_\_\_\_  
(Complete Part A only) (Complete Part A only) (Complete Part A, B & C)

Student (\$10) \_\_\_\_\_  
(Complete Part A only)

**PART A**

Name: \_\_\_\_\_  
(First) (M.I.) (Last) (Suffix if desired, i.e. P.E.)

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
This will be the address that ALL ABCD correspondence will be mailed to.  
\_\_\_\_\_  
\_\_\_\_\_

Company / Agency: \_\_\_\_\_  
Type of Business: Consultant  Public Agency  Supplier  Contractor  Other

Company Address: \_\_\_\_\_  
Complete only if different from mailing address above.  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**PART B**

Name: \_\_\_\_\_  
(First) (M.I.) (Last) (Suffix if desired, i.e. P.E.)

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
This will be the address that ALL ABCD correspondence will be mailed to.  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**PART C**

For Corporate Members who wish to have their company's website linked to the ABCD internet website, please provide the corporation's website address below. To place the company's logo on the ABCD website, send the logo in a jpeg electronic format to: ***jblank@didonato.cc***.

Company Website Address: \_\_\_\_\_