



PO Box 2299
Port Orchard, WA 98366

Right of Way Consultants Council New Member Application

Company Name: _____

Main Contact Name**: _____

*If you will NOT be the Main Contact in the future but are in charge of submitting the application and should be contacted with any questions or to be notified of the application status, check this box.

Main Contact E-mail: _____

Main Contact Phone: _____

Company Address _____

I certify that I have read the membership requirements and our company is in compliance with them.

ROWCC Membership Type Sought. Please verify by checking the appropriate box.

- Standard
- Vendor Affiliate*
- Client Affiliate*

*Vendor Affiliates are those providing goods and services to those offering right of way and land acquisition related services.

*Client Affiliates are consumers of right of way and land acquisition services.

Please note, Affiliate members are non-voting members and cannot be elected to the Board, though they may serve on committees.

Company Details:

Number of years in business: _____

- If this includes years prior to a merger/name change, please indicate the previous company name

Incorporated/Authorized In: _____

- In which state(s) is your headquarters incorporated or authorized to do business?

Please provide a brief executive summary for your firm: -

Questions? Contact Megan Smothers at (206) 622-8425 or info@rowcouncil.org

**Vendor Affiliates provide goods and services to those offering right of way and land acquisition related services. Client Affiliates are consumers of right of way and land acquisition services. Affiliates are non-voting members and cannot be elected to the Board, though they may serve on committees.*

***MC receives dues invoices, important information, and is the company's voting member.*