



AMERICAN COUNCIL OF ENGINEERING COMPANIES

Membership Application

Section I

Firm Name _____

Parent company if branch or subsidiary _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

Website _____

Total Company-wide Personnel _____

Total State Personnel _____

Business Organization Type:

- | | |
|--|--|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Sub Chapter S | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Public | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Private | <input type="checkbox"/> Sole Proprietorship |

Firm Description: Briefly describe the firm's activities; attach an additional sheet if necessary:



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Minority Status:

- Certified Small Business
- Disadvantaged Business Enterprise
- Minority Business Enterprise
- Service Disabled Veteran Owned Business
- Women's Business Enterprise

Disciplines Offered: For statistical purposes, indicate which of the following disciplines are provided by the firm. Include only in-house capability by virtue of experience and having a principal registered in the specific field:

- | | |
|--|---|
| <input type="checkbox"/> Agricultural/Biological Engineering | <input type="checkbox"/> Geotechnical |
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Hydrology |
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Civil – General | <input type="checkbox"/> Land |
| <input type="checkbox"/> Civil – Structural | <input type="checkbox"/> Development |
| <input type="checkbox"/> Civil – Transportation | <input type="checkbox"/> Marine & Coastal |
| <input type="checkbox"/> Computer/Communications/Systems | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Construction Management | <input type="checkbox"/> Mining/Materials |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Nuclear/Petroleum/Energy |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Fire/Earthquake/Hazards/Safety | <input type="checkbox"/> Surveying/GIS/Mapping |
| <input type="checkbox"/> Forensic | <input type="checkbox"/> Water/Wastewater |
| | <input type="checkbox"/> Other |

Percentage of your firm's revenue comes directly or indirectly from public sector clients:

_____ %

Percentage of your firm's revenue comes directly or indirectly from private sector clients:

_____ %

For Office Use Only

<input type="checkbox"/> Firm <input type="checkbox"/> Branch <input type="checkbox"/> Pay Direct <input type="checkbox"/> MO Incentive. Fill in percentage:



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Section II

Key Principal or Primary Contact (Required)

Full Name Title

Email Address Professional Role Within Firm

Add the names of staff members whom you feel would benefit from participation in ACEC. Your firm's ROI on your ACEC membership is directly related to the number of staff who are active in the Council. (Use separate sheets to provide additional names)

Full Name Title

Email Address Professional Role Within Firm

Full Name Title

Email Address Professional Role Within Firm

Full Name Title

Email Address Professional Role Within Firm

Full Name Title

Email Address Professional Role Within Firm

Return the completed application to: Attention: Membership Department American Council of Engineering Companies 1015 15th St. NW 8th Floor Washington, DC 20005-2605

Questions? Contact Maria Schaff • 202-682-4319 • mschaff@acec.org •