



AMERICAN COUNCIL OF ENGINEERING COMPANIES  
of Louisiana

### FIRM APPLICATION FOR MEMBERSHIP

Complete every section of this application and mail to the American Council of Engineering Companies of Louisiana, 9643 Brookline Avenue, Suite 112, Baton Rouge, Louisiana 70809 or email to [Jtomeny@acecl.org](mailto:Jtomeny@acecl.org). If application is approved by the Board of Governors, you will receive a certificate of membership. If more space is needed, please attach an additional sheet with your application.

#### I. FIRM DATA

Firm \_\_\_\_\_

Main Office Address: Street: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

Mailing Address: \_\_\_\_\_

If this firm is a branch office of a national firm, please indicate corporate main office and address:

\_\_\_\_\_

Key Louisiana Principal: (must be a registered PEs)

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

Current Number of Employees: (Basis for ACEC Dues) LOUISIANA: \_\_\_\_\_ COMPANY WIDE: \_\_\_\_\_

Ownership:  Privately-owned Corp.  Publicly-owned Corp.  Sole Proprietor

Limited Liability Corp.  Other: \_\_\_\_\_

Is this a DBE, WBE, MBE firm, or Certified Small Business? *Please circle if applicable*

Does this firm do international work?  Yes  No If yes, list countries: \_\_\_\_\_

\_\_\_\_\_

#### II. OTHER DATA

List all Branch Offices located in Louisiana (Address, Phone, Fax, Principal's Name & e-mail - if applicable)

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\_\_\_\_\_

\_\_\_\_\_

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Please indicate name of contact, phone number, e-mail address and full mailing address to receive financial mailings (specifically dues billings)

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Please indicate name of Employees, along with email address, who you wish to receive ACEC/L mailings including Chapter Meeting notices, Quarterly newsletters, legislative updates and educational opportunities. Your firms ROI on your ACEC membership is directly related to the number of staff who are active in the Council. (Use Separate Sheet if needed)

NAME:	E-MAIL:	OFFICE LOCATION:
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**III. 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"/> Airports                            | <input type="checkbox"/> Forensic                 |
| <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 Development         |
| <input type="checkbox"/> Civil – Structural                  | <input type="checkbox"/> Marine & Coastal         |
| <input type="checkbox"/> Civil – Transportation              | <input type="checkbox"/> Mechanical               |
| <input type="checkbox"/> Coastal                             | <input type="checkbox"/> Mining/Materials         |
| <input type="checkbox"/> Computer/Communications/Systems     | <input type="checkbox"/> Nuclear/Petroleum/Energy |
| <input type="checkbox"/> Construction Management             | <input type="checkbox"/> Planning                 |
| <input type="checkbox"/> Electrical                          | <input type="checkbox"/> Surveying/GIS/Mapping    |
| <input type="checkbox"/> Environmental                       | <input type="checkbox"/> Water/Wastewater         |
| <input type="checkbox"/> Fire/Earthquake/Hazards/Safety      | <input type="checkbox"/> Other                    |

**IV. References**

Please list three (3) registered professional engineers who are current members of the American Council of Engineering Companies of Louisiana and who have personal knowledge of your character and professional qualifications. Listing these members implies your permission for a contact to be made with them to secure information about you and/or your firm.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
\_\_\_\_\_  
(Firm) (Firm) (Firm)  
\_\_\_\_\_  
(Phone Number) (Phone Number) (Phone Number)

**V. NOTICE TO APPLICANT**

Dues are based on an INDEX NUMBER determined by the *total number of principals and employees* in the firm. Dues will be charged your firm or company in accordance with the Bylaws. Dues are billed quarterly and *payable upon receipt of your dues statement*. Bylaws, Professional and Ethical Conduct Guidelines, and Code of Ethics are available on our website, [www.acecl.org](http://www.acecl.org).

Resignation of membership must be made in writing to ACEC/Louisiana. Resignation effective date will be the end of the month that the letter of resignation is received and quarterly dues are to be pro-rated to that date, along with payment of all delinquent dues for a "resignation in good standing."

I hereby make application for membership in the AMERICAN COUNCIL OF ENGINEERING COMPANIES OF LOUISIANA (ACEC/L) and the AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC). If approved by the Board of Governors, I and the firm will comply with the Bylaws, Professional and Ethical Conduct Guidelines, and will adhere to the Code of Ethics. I further certify all statements on this form have been truthfully answered to the best of my knowledge.

Date \_\_\_\_\_, 20\_\_\_\_ Signed \_\_\_\_\_

NOTE: The firm is the ACEC/L member with its principal(s) representing it in all Association business and activities.

QUESTIONS? Contact Janet Tomeny, Director of Membership and Development, [jtomeny@acecl.org](mailto:jtomeny@acecl.org), (225) 927-7704.

**American Council of Engineering Companies of Louisiana**  
**9643 Brookline Avenue, Suite 112**  
**Baton Rouge, Louisiana 70809**  
**(225) 927-7704**  
**(225) 927-7779 (fax)**  
**www.acecl.org**

**DO NOT WRITE BELOW THIS LINE**

Date Application Received \_\_\_\_\_ Dues Check Received \_\_\_\_\_ Louisiana Registration Checked \_\_\_\_\_  
References Contacted \_\_\_\_\_  
Index Number \_\_\_\_\_ Principal No. \_\_\_\_\_ Firm No. \_\_\_\_\_  
Membership Incentive Program \_\_\_\_ Yes \_\_\_\_ No Date Membership Activated \_\_\_\_\_

NOTES: \_\_\_\_\_  
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