



## 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. If application is not approved, you will be notified.

### I. FIRM DATA

- A. Firm \_\_\_\_\_  
Date organized \_\_\_\_\_
- B. Business Address: Street \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code + 4  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_
- C. Field(s) of Qualified Practice of Firm \_\_\_\_\_  
\_\_\_\_\_
- D. Current Number of Principals and Employees \_\_\_\_\_
- E. Ownership: \_\_\_ Privately-owned Corp. \_\_\_ Publicly-owned Corp. \_\_\_ Sole Proprietor  
\_\_\_ Limited Liability Corp. \_\_\_ Other: \_\_\_\_\_
- F. Does this firm do international work? \_\_\_ Yes \_\_\_ No
- G. Is this a DBE, WBE, MBE firm, or Certified Small Business? *Please circle one if applicable*
- H. If this firm is a branch office of a national firm, please indicate main office and address:  
\_\_\_\_\_

**II. PRINCIPALS DATA**

- A. \_\_\_\_\_  
(Owner, Partner, or Principal making the application, LAPELS registration number & discipline, if applicable)
- B. \_\_\_\_\_  
(Position with Firm – Years as Principal with this Firm)
- C. \_\_\_\_\_  
Field(s) of Qualified Practice
- D. Home Address: Street \_\_\_\_\_  
Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_
- E. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Citizenship \_\_\_\_\_
- F. In which states or possessions are you registered (licensed) to practice engineering? \_\_\_\_\_  
\_\_\_\_\_
- G. Education: List in chronological order the name and location of each college, university, or technical school from which you have received credit  

Name & Location	Years From/To	Date Graduated	Major/Course	Degree Received
- H. List all Professional and Technical Organizations in which you hold membership (indicate offices held).
- I. List all other principals in your firm:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. OTHER DATA**

**ANSWER**

- A. Is your firm engaged primarily in the practice of Consulting Engineering offering services to more than one client, with an office located in the State of Louisiana? \_\_\_\_\_
- B. Is your firm a subsidiary, branch or part of a conglomerate, or are engaged in other than Consulting Engineering activities? \_\_\_\_\_  
If YES, Explain: \_\_\_\_\_

- C. Is your firm autonomous and independent to make and implement its own operating policies and engineering decisions? \_\_\_\_\_
- D. Do you maintain an individual office? \_\_\_\_\_
- Are you a partner, principal, or a corporation officer or director? \_\_\_\_\_
- Do you have an ownership interest in the company or corporation? \_\_\_\_\_
- E. Do you have the authority to act on operating policies and engineering decisions for the company or corporation without necessary reference to and decision from a higher administrative authority? \_\_\_\_\_
- F. Do you have any financial interest in any commercial sales, or contracting interest? \_\_\_\_\_
- If YES, Explain: \_\_\_\_\_
- \_\_\_\_\_

### III. SPONSORS

The **SIGNATURES** of three members of the American Council of Engineering Companies of Louisiana are required, at least two being within the chapter area in which the applying company is located. These members must be willing to sponsor your firm's application and be willing to supply information about your firm and principals. Securing these signatures implies your permission for a contact to be made with them to secure information about you and your firm.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- \_\_\_\_\_  
(Firm) (Firm) (Firm)

### CODE OF ETHICS

Consulting engineering is an important and learned profession. The members of the profession recognize that their work has a direct and vital impact on the quality of life for all people. Accordingly, the services provided by consulting engineers require honesty, impartiality, fairness and equity and must be dedicated to the protection of public health, safety and welfare. In the practice of their profession, consulting engineers must perform under a standard of professional behavior which requires adherence to the highest principles of ethical conduct on behalf of the public, clients, employees and the profession.

Consulting engineers, in the fulfillment of their professional duties, shall:

1. Hold paramount the safety, health and welfare of the public in the performance of their professional duties.
2. Perform services only in areas of their competence.
3. Issue public statements only in an objective and truthful manner.
4. Act in professional matters for each client as faithful agents or trustees.

5. Avoid improper solicitation of professional assignments, avoiding conflicts of interest.
6. Associate only with reputable persons or organizations.
7. Continue their professional development throughout their careers and provide opportunities for the professional development of those engineers under their supervision.

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 elected, I and the firm will comply with the Bylaws, Professional and Ethical Conduct Guidelines, and I will adhere to the Code of Ethics. I further certify all statements on this form have been truthfully answered.

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

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

**NOTICE TO APPLICANT**

One quarter (three months) dues in advance is required upon acceptance to membership. This amount will be credited to your dues account. 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 on receipt of your dues statement*.

**DO NOT WRITE BELOW THIS LINE**

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Date Application Received \_\_\_\_\_ Dues Check Received \_\_\_\_\_

References Contacted \_\_\_\_\_

Index Number \_\_\_\_\_

Louisiana Registration Checked \_\_\_\_\_ Principal No. \_\_\_\_\_

Firm No. \_\_\_\_\_

Membership Incentive Program  Yes  No

Date Membership Activated \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

