



AMERICAN COUNCIL OF ENGINEERING COMPANIES
1015 Fifteenth Street, NW • 8th Floor • Washington, DC 20005-2605
(202) 347-7474 Phone • (202) 898-0068 Fax • www.acec.org

AFFILIATE MEMBERSHIP APPLICATION

SECTION I

FIRM NAME _____

IF BRANCH OR SUBSIDIARY,
NAME OF PARENT COMPANY _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

WEBSITE _____

TOTAL NUMBER OF COMPANY PERSONNEL _____

BUSINESS ORGANIZATION TYPE:

- SOLE PROPRIETORSHIP
- PARTNERSHIP
- CORPORATION
- ENGINEERING DEPARTMENT, DIVISION, OR SUBSIDIARY OF A PRIVATE, NON-ENGINEERING COMPANY
- OTHER (PLEASE SPECIFY) _____

FIRM DESCRIPTION: BRIEFLY DESCRIBE THE SERVICES THAT YOUR FIRM PROVIDES TO THE ENGINEERING INDUSTRY.
ATTACH AN ADDITIONAL SHEET IF NECESSARY.

WHAT ARE YOUR PRIMARY GOALS IN JOINING ACEC?

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

ANNUAL AFFILIATE MEMBERSHIP DUES:

FEWER THAN 10 EMPLOYEES	\$650
TEN TO 100 EMPLOYEES	\$1,250
MORE THAN 100 EMPLOYEES	\$1,850

PAYMENT OPTIONS:

MASTERCARD VISA AMERICAN EXPRESS CHECK (PAYABLE TO ACEC)
NAME ON CARD _____

ACCOUNT # _____ EXPIRATION DATE ____ / ____

COMPLETED APPLICATION FORM WITH CREDIT CARD PAYMENT MAY BE FAXED TO K MURPHY @ 202.789.7220

IF PAYING BY CHECK, PLEASE MAIL COMPLETED APPLICATION FORM WITH CHECK TO:

AMERICAN COUNCIL OF ENGINEERING COMPANIES
1015 FIFTEENTH ST. NW, 8TH FLOOR
WASHINGTON, DC 20005-2605
ATTENTION: MEMBERSHIP DEPARTMENT

QUESTIONS?

CONTACT KATHLEEN MURPHY • (T) 202-682-4307 • (E) KMURPHY@ACEC.ORG • (F) 202-898-0068