AMERICAN COUNCIL OF ENGINEERING COMPANIES OF VERMONT
AFFILIATE MEMBERSHIP APPLICATION

Name of Contact ____________________________________________________________

Name of Firm ________________________________________________________________

Main Office Address __________________________________________________________

Email: ___________________________________________ Telephone __________________________ Fax: __________

Form of business organization: Sole Proprietorship ( ), Partnership ( ), General Corporation ( ),
Professional Association or Professional Corporation ( ), Other ( )

Year Firm was established ___________________________

Branch of Engineering Practiced by Firm __________________________________________

Does the Firm represent that it meets the qualifications for Affiliate Membership YES ( ) NO ( )

If no to any qualifications, attach detailed explanation.

Number of personnel, including owners, officers, engineers, surveyors, draftsmen, clerks, secretaries, bookkeepers, etc. principally engaged in
support of engineering ________________________

Professional organizations or technical societies to which firm or it’s principals belong: ____________________________

Declaration by all partners, limited partners, or individual owners; or by all corporate directors and officers. Attach separate sheet if necessary.

We, the undersigned, attest that our business affiliation with the applicant is as affirmed herein. We understand that Affiliate Members
belong to ACEC/VT and participate in the Transportation Committee and other activities that may be of interest.

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REFERENCES
Give the name and address of three (3) references, preferably members of ACEC/VT.

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________

I hereby certify that the principal of this firm subscribes to the objectives and purposes of ACEC/VT and that the statements given
herein above are true and correct.

Date of Application ____________________________ Signed _________________________

PLEASE RETURN COMPLETED APPLICATION TO:

ACEC/VT
D12 Stonedhedge Dr.
So. Burlington, VT 05403

2/2014