



Design Professionals Coalition Membership Application

Date: _____

Name: _____

Email: _____

Title: _____

Office Phone: _____

Mobile Phone: _____

Assistant Name: _____

Email: _____

Firm Name: _____

Firm Address: _____

Alternate Member: _____ Email: _____

Approximate Number of Employees: _____ ENR Ranking: _____

Brief Description of Firm: _____

Member Sponsor: _____

Annual Dues: \$8,000

Please Make Check Payable to: DPC/ACEC

Remit to: Design Professionals Coalition

C/O I2I Solutions LLC

809 Fairland Road

Silver Spring, MD 20904