



MEMBERSHIP APPLICATION – **MEMBER FIRM**

Firm Name: _____

Parent company if branch or subsidiary: _____

Business Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Website: _____

Total Company-wide Personnel: _____ Total Personnel in Michigan: _____

Business Organization Type:

- | | |
|--|--|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Sub Chapter S | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Public | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Private | <input type="checkbox"/> Sole Proprietorship |

Firm Description (please include a 50-word description of your firm's activities):

Minority Status:

- | | |
|--|--|
| <input type="checkbox"/> Certified Small Business | <input type="checkbox"/> Service Disabled Veteran Owned Business |
| <input type="checkbox"/> Disadvantaged Business Enterprise | <input type="checkbox"/> Women's Business Enterprise |
| <input type="checkbox"/> Minority Business Enterprise | <input type="checkbox"/> Emerging Small Business |

Types of Services Your Firm Provides (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Agricultural/Biological | <input type="checkbox"/> Forensic |
| <input type="checkbox"/> Airports | <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"/> Computer/Communications/Systems | <input type="checkbox"/> Mining/Materials |
| <input type="checkbox"/> Construction Management | <input type="checkbox"/> Nuclear/Petroleum/Energy |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Surveying/GIS/Mapping |
| <input type="checkbox"/> Fire/Earthquake/Hazards/Safety | <input type="checkbox"/> Water/Wastewater |

Board of Directors (Names)	Registration No.	Discipline
_____	_____	_____
_____	_____	_____
_____	_____	_____

Key Principal to serve as official voting representative for your firm on ACEC/M issues (Required):

Full Name	Title	E-mail
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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 and Title	Email Address
_____	_____
Full Name and Title	Email Address

Application is hereby made for membership in the American Council of Engineering Companies of Michigan and ACEC National. I agree to subscribe to the Articles and By-Laws of the association.

Signature: _____ Title: _____

Name (please print): _____ Date: _____

Return the completed application to ACEC/Michigan for Board of Director's Approval.