

APPLICATION FOR ASSOCIATE MEMBERSHIP

Company Name _____
Address _____
City _____ State _____ Zip Code +4 _____
Phone _____ FAX _____
E-Mail Address _____ Website _____
Company Activities (50 words or less) _____

Is company headquartered in another state? _____ If yes, which state? _____

Number of Personnel _____
Year Established _____

Name(s) of principal officers:

Name _____	E-mail _____
Name _____	E-mail _____
Name _____	E-mail _____

Designated Company Representative:

Designated Rep. _____ E-mail _____

Company Ownership (please check one):

Privately owned Sole Proprietor Partnership
 Business Corporation Professional Corporation Other _____

DUES
Annual dues for Associate members are \$500 per year. Send no money with application. ACEC/MO will prorate your dues and invoice you upon approval by ACEC/MO Board of Directors.

ELIGIBILITY
The Associate Membership shall be limited to those individual proprietorships, partnerships, corporations and divisions or subsidiaries thereof, and/or organizations who do not otherwise qualify for regular membership and that provide services that are complementary to the services provided by Member Firms.

PRIVILEGES
Associate Members are welcome to attend and participate in Council committees and activities. Each shall designate one person to be the contact for ACEC/MO. The contact person will receive all appropriate mailings. Associate Members will not be eligible to vote on ACEC/MO business, hold office, chair committees, nor serve on client group liaison committees. Their participation in committee activities is otherwise encouraged.

ACKNOWLEDGEMENT / COMPLIANCE
Application is hereby made for Associate Membership in the ACEC/MO. If elected to membership, we agree to comply with membership qualifications of ACEC/MO, to subscribe to the Articles and Bylaws of the Council, and that all the information is complete and correct.

Signature _____ Print Name _____
Position _____ Date _____