

ACEC Missouri

American Council of Engineering Companies of Missouri
3432 W. Truman Boulevard, Suite 110
Jefferson City, MO 65109
573-634-4080

APPLICATION FOR MEMBERSHIP

Application is hereby made for membership in the **American Council of Engineering Companies of Missouri**. If elected to membership, we agree to maintain membership in the American Council of Engineering Companies (national) and to subscribe to the Articles and Bylaws of the Council.

1. **Firm Name** _____

2. **Business Address** _____

City _____ **State** _____ **Zip+4** _____

Phone: _____ **FAX:** _____

Website: _____

3. **Fields of Practice:**

- Acoustical Architectural (in-house) Bridge Design Civil Construction Management
 Control System Integration Design/Build Electrical Environmental Forensic
 Geotechnical GIS Industrial Interior Design & Landscape Architecture Lab Testing
 Mechanical Natural Gas Photogrammetry Planning Structural
 Surveying (in-house) Telecommunications Traffic Transportation Water Resources

4. **Typical Design Work (50 words or less):** _____

Types of Clients: _____

5. a. **Year Established** _____

b. **Year Established in Missouri** _____

6. a. **Type of Organization:** INDIVIDUAL
 PARTNERSHIP
 CORPORATION

b. **If CORPORATION, Mo. Board for Architects/Professional Engineers Certificate of Authority No. for:**

Engineering # _____

Architecture # _____

Land Surveying # _____

(over)

7. a. **If this is a Home Office, Location of Branch Offices (City/State)** _____

- b. **If this is a Branch Office, Location of Home Office (City/State)** _____

8. **Ownership of Firm:**
 ___ Privately-owned Corp. ___ Publicly-Owned Corp. ___ Sole Proprietor ___ Partnership
 ___ Corporation ___ S Corp. ___ Publicly-held stock ___ Limited Liability Corporation
 ___ Limited Partnership ___ Other: _____
9. **Names of Principals or Partners (Denote Professional Engineer Registration by P.E.)** _____

10. **Names of Those Principals or Partners Who Should be Designated ACEC/MO Representatives (attend meetings, serve on committees, otherwise be aware of ACEC/MO activities)**
 Key Contact:
 Name _____ Email _____
 Other Principals – use separate sheet if necessary:
 Name _____ Email _____
 Name _____ Email _____
 Name _____ Email _____
11. **List Any ACEC/MO Member Firms You Know/Have Worked With** _____

12. **Does this firm do international work?** ___ YES ___ NO
13. **Is this a DBE, MBE, WBE firm or Certified Small Business?** ___ YES ___ NO
(If yes, please list.) _____
14. **Number of Personnel in Missouri-based office(s)** _____
15. **Total Personnel in all states** _____

APPLICATION SUBMITTED BY

Signature _____

Print Name _____

Position _____

Date _____

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REPRESENTATIVE'S DATA

- A. Name _____
- B. Home Address _____
_____ Home Phone _____
- C. Education (College, Degree, Year) _____

- D. Professional Organization Membership _____

- E. Professional Registration (Type, State, Number, Year) _____

- F. Presently: _____ Owner _____ Partner _____ Officer
_____ Principal _____ Associate _____
Title If Officer

MUST BE SUBMITTED for each ACEC/MO Representative