



## Firm Membership Application

### Section I

Thank you for your interest in applying for membership with the American Council of Engineering Companies of Colorado.

Name of Professional Engineer or Professional Land Surveyor in responsible charge of your firm:

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

Professional Role Within Firm \_\_\_\_\_

Firm Name \_\_\_\_\_

Parent company if branch or subsidiary \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Website Address \_\_\_\_\_

Total Full-time Employees in Colorado \_\_\_\_\_ Total Full-time Employees Nationally \_\_\_\_\_

#### Business Organization Type:

Cooperative

Joint Venture

Corporation

Limited Partnership

Sub Chapter S

Limited Liability Company (LLC)

Public

Partnership

Private

Sole Proprietorship



Provide a brief description of your firm’s activities (50 words), which will be included with your firm’s complimentary listing on the “Find a Consulting Engineer” directory on [www.acec-co.org](http://www.acec-co.org).

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**Minority Status:**

- |  |  |
|--|--|
| <input type="checkbox"/> Certified Small Business Enterprise | <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        |  |

**Services Offered:** Please indicate which of the following disciplines are provided by your firm. Please note that the disciplines you mark will be included with your firm’s complimentary listing on the “Find a Consulting Engineer” directory on [www.acec-co.org](http://www.acec-co.org). Please include only in-house capability by virtue of experience and having a principal registered in that specific field:

- |  |   |
|--|---|
| <input type="checkbox"/> Agricultural/Biological Engineering | <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                     |
| <input type="checkbox"/> Civil – Structural                  | <input type="checkbox"/> Development              |
| <input type="checkbox"/> Civil – Transportation              | <input type="checkbox"/> Marine & Coastal         |
| <input type="checkbox"/> Computer/Communications/Systems     | <input type="checkbox"/> Mechanical               |
| <input type="checkbox"/> Construction Management             | <input type="checkbox"/> Mining/Materials         |
| <input type="checkbox"/> Electrical                          | <input type="checkbox"/> Nuclear/Petroleum/Energy |
| <input type="checkbox"/> Environmental                       | <input type="checkbox"/> Planning                 |
| <input type="checkbox"/> Fire/Earthquake/Hazards/Safety      | <input type="checkbox"/> Surveying/GIS/Mapping    |
| <input type="checkbox"/> Forensic                            | <input type="checkbox"/> Water/Wastewater         |
| <input type="checkbox"/> Other:                              | <input type="checkbox"/> Other:                   |



Section II

List Field(s) of qualified practice for all principals at your firm. \_\_\_\_\_

List all states in which the PE in responsible charge is licensed (registered) to practice engineering or land surveying.

Colorado Registration (Date): \_\_\_\_\_ No: \_\_\_\_\_

List at least three ACEC Colorado member firms or ACEC member organizations in other states who you believe would be willing to supply information about you. Listing these members implies your permission for a contact to be made with them to secure information about you. To verify a firm/individual's membership, please use the "Find a Consulting Engineer" directory on www.acec-co.org. If you have additional questions, please contact ACEC Colorado.

- 1. \_\_\_\_\_ (Name) (Firm)
2. \_\_\_\_\_ (Name) (Firm)
3. \_\_\_\_\_ (Name) (Firm)

Education: List in chronological order the name and location of each college, university, or technical school from which PE in responsible charge for your firm has received credit.

Table with 4 columns: Name and Location, From/To date graduated, Course Major, Degree Received

List the professional and technical organizations, as well as any offices, in which the PE in responsible charge for your firm holds membership.

Please complete the following for the PE in responsible charge of your firm:

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Spouse Name: \_\_\_\_\_ Home Legislative Districts: \_\_\_\_\_



I understand the qualifications set forth in Article VI of the American Council of Engineering Companies of Colorado By-Laws and am eligible for membership.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

“Are you in the business of the private practice of consulting engineering and land surveying, with an office in the State of Colorado? Yes  No

If your firm is a subsidiary, branch or part of a conmglomerate organization, please check and explain.

\_\_\_\_\_  
\_\_\_\_\_

If you are engaged in professional services as a scientific and technical nature that are complementary to services provided by memer firms, check and explain. \_\_\_\_\_

\_\_\_\_\_

I hereby make application for membership in the American council of Engineering Companies of Colorado, and if elected to membership I will comply with its Constitution and By-Laws and adhere to its Code of Ethics. I further certify all statements on this form have been truthfully answered.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Notice to Applicant**

Annual dues will be charged to your firm or company in accordance with the By-laws. Dues are billed quarterly, and payable on receipt of statement. Annual dues are based on a member-firm basis and are determined from a formula relating to number of principals and personnel in each firm and to the total of ACEC Colorado budget approved for the ensuing year.

Members accepted during July, August and September shall pay dues for the entire year; members accepted during October, November and December shall pay dues for three-fourths fo the year; members accepted during January, February and March shall pay dues for one-half of the year; and members accepted during April, May and June shall pay dues for one-fourth of the year.

ACEC Colorado does not condition membership on any health status-related factor relating to an individual (including an employee of any employer or a dependent of an employee).

Resignations must be made in writing to the Board of Directors of ACEC COLORADO. Resignation effective date will be the end of the month that the letter of resignation is received and dues are to be pro-rated to that date for a “resignation in good standing”. (Artice VI, Section 2 C)



Section III

Please list the employee who will serve as the primary contact for your firm's membership. This may be the PE in responsible charge or another individual.

\_\_\_\_\_ Full Name & Title

\_\_\_\_\_ Email Address

\_\_\_\_\_ Professional Role Within Firm

Please provide the name(s) of additional staff members who you want to receive ACEC Colorado communication on news, education and committees. Please remember that ALL employees of your firm are entitled to the benefits of membership. Your firm's return on investment for your membership is directly related to the number of staff members who are active in ACEC Colorado. You can find a. (Use separate sheets to provide additional names)

\_\_\_\_\_ Full Name & Title

\_\_\_\_\_ Email Address

\_\_\_\_\_ Full Name & Title

\_\_\_\_\_ Email Address

\_\_\_\_\_ Full Name & Title

\_\_\_\_\_ Email Address

\_\_\_\_\_ Human Resources Contact

\_\_\_\_\_ Email Address

\_\_\_\_\_ Business Development Contact

\_\_\_\_\_ Email Address

\_\_\_\_\_ Billing/Accounting/Finance Contact

\_\_\_\_\_ Email Address

\_\_\_\_\_ Information Technology Contact

\_\_\_\_\_ Email Address

How did you hear about ACEC Colorado? \_\_\_\_\_

List three concerns that challenge your business \_\_\_\_\_

\_\_\_\_\_

**For ACEC Colorado Office Use Only:**

<input type="checkbox"/> Firm	<input type="checkbox"/> Branch	<input type="checkbox"/> Pay Direct	<input type="checkbox"/> MO Incentive: _____%
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