



Membership Application

Section I

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

Individual Member

Affiliate Member

Name: _____
(Last) (First) (Middle)

Professional Role Within Firm _____

Firm Name _____

Parent company if branch or subsidiary _____

Address _____

City/State/Zip _____

Phone _____ **Fax** _____

Email _____

Website _____

Total Company-wide Personnel _____ **Total State Personnel** _____

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: Briefly describe the firm’s activities (50 words or less); attach an additional sheet if necessary:

Minority Status:

- Certified Small Business Enterprise
- Disadvantaged Business Enterprise
- Minority Business Enterprise
- Service Disabled Veteran Owned Business
- Women’s Business Enterprise

Disciplines Offered: For statistical purposes, indicate which of the following disciplines are provided by the firm. Include only in-house capability by virtue of experience and having a principal registered in the specific field:

- Agricultural/Biological Engineering
- Architectural
- Chemical
- Civil – General
- Civil – Structural
- Civil – Transportation
- Computer/Communications/Systems
- Construction Management
- Electrical
- Environmental
- Fire/Earthquake/Hazards/Safety
- Forensic
- Geotechnical
- Hydrology
- Industrial
- Land Development
- Marine & Coastal
- Mechanical
- Mining/Materials
- Nuclear/Petroleum/Energy
- Planning
- Surveying/GIS/Mapping
- Water/Wastewater
- Other



Section II

Field(s) of qualified practice for (engineering principals only) _____

In which states or possessions are you licensed (registered) to practice engineering or land surveying?

Colorado Registration (Date): _____ No: _____

List at least three members of the American Council of Engineering Companies of Colorado or derivative members of the American Council of Engineering Companies whom 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.

- 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 where you have received credit.

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

List the professional and technical organizations in which you hold membership. (Indicate offices held)

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/CO 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/CO. 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

Key Principal or Primary Contact (Required)

Full Name & Title

Email Address

Professional Role Within Firm

Add the names of staff members whom you feel would benefit from participation in ACEC/CO. Your firm's ROI on your membership is directly related to the number of staff who are active in the Council. You can find a list of committees on our website, www.acec-co.org under the About ACEC/CO section. (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

Marketing Contact

Email Address

For Office Use Only:

<input type="checkbox"/> Firm <input type="checkbox"/> Branch <input type="checkbox"/> Pay Direct <input type="checkbox"/> MO Incentive. Fill in percentage:
