

**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 \_\_\_\_\_