

# ACEC Missouri

American Council of Engineering Companies of Missouri  
200 E. McCarty Street, Suite 201  
Jefferson City, MO 65101  
573-634-4080 Fax: 573-634-8929

## 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**