



MEMBERSHIP APPLICATION

AMERICAN COUNCIL OF ENGINEERING COMPANIES
of Arkansas

1. Firm Name: _____

Firm Contact : _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____ Web Site: _____

Telephone: _____ Fax: _____ Email Address: _____

2. Fields of Engineering in Which Qualified: _____

3. Ownership Information: (check one) Privately-Owned Corp. Publicly-Owned Corp.
 Limited Liability Corp. Corporation \$ Corp. Partnership Limited Partnership
 Sole Proprietor Publicly-held stock Other

4. Employee Information

_____ Total number of personnel in Arkansas (include all support personnel)

5. Principal Representatives (must be a registered PEs)

Name	Title	Fields of Practice in Which Registered	States in Which Registered	Number of Years in Private Practice

6. Associate Representatives (may or may not be a registered PE)

Name	Title	Fields of Practice in Which Registered	States in Which Registered	Address if Different From Above

7. Email Distribution List

Any person in your firm who you would like to be on ACEC/A email distribution list that are not listed above (use separate sheet if need)

Name	Title	E-mail Address

I certify that each and every statement made by me in this application is true and correct and that I agree to uphold the Constitution and Bylaws of the American Council of Engineering Companies of Arkansas if application is accepted for membership.

Signature of Applicant

Title

Date

ACEC/A Member Sponsor (not required)

Please fax, mail or e-mail this application to:
ACEC/A, P.O. Box 24902, Little Rock, AR 72227
Phone: 501-541-5229 E-mail: info@arkansasengineers.org