

ACEC Indiana, Inc.

55 Monument Circle, Suite 819, Indianapolis, IN 46204-3616

Phone: (317) 637-3563 Fax: (317) 637-9968

Application for Associate Membership \$500 per fiscal year

Date _____

Name of Firm _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ County _____

E-mail address _____ Website _____

Please list addresses of additional offices of firm, if any:

1. _____
(Main office if different than above)

2. _____

Form of Business Organization: Sole Proprietorship _____ Partnership _____

General Corporation _____ Professional Corporation _____ Other _____

Year Firm was Established: _____

Type of Work Done by Firm: _____

Principal Acting As Key Contact for ACEC: _____

List all partners, limited partners, or individual owners; for a corporation, list all directors and officers:

(Name) (Title)

(Name) (Title)

(Name) (Title)

Use additional sheet if necessary.

CERTIFICATION

Application for membership in **ACEC Indiana**, is hereby made, and as a requirement thereof, the undersigned certifies that all statements made on this application are correct:

By: _____
Signature

Printed

Title

Please list the name, address and phone # of two references in the field of consulting engineering, preferably a member of ACEC Indiana:

1. _____
2. _____

PLEASE ATTACH THE FIRM'S BROCHURE TO THIS APPLICATION, IF AVAILABLE.

For Office Use		
CK# _____	CK Date _____	CK Amount _____
Date CK Received _____		
Sponsored By: _____		