

ACEC *Indiana*

55 Monument Circle, Ste., 819, Indianapolis, IN 46204-2951
 Phone: (317) 637-3563 Fax: (317) 637-9968
 Website: www.acecindiana.org Email: staff@acecindiana.org

Application for Membership

Date _____

Name of Firm _____

Address _____

City, State, Zip _____

Telephone (____) _____ X _____ FAX (____) _____ County _____

E-mail address _____ Website _____

Please list addresses of additional offices of firm, if any:
 (Please attach an additional sheet, if necessary)

1. _____
 (Main office if different than above)

2. _____

Year Firm was Established: _____ Do you do International Work? ___YES ___NO

Type of Business Entity: ___ Sole Proprietorship ___ Partnership ___ LLC ___ General Corp. ___ Professional Corp. Other _____	Firm Certifications (Check all that apply): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">State of Indiana</td> <td style="width: 50%;">City of Indianapolis</td> </tr> <tr> <td>___ DBE</td> <td>___ DBE</td> </tr> <tr> <td>___ WBE</td> <td>___ WBE</td> </tr> <tr> <td>___ MBE</td> <td>___ MBE</td> </tr> </table>	State of Indiana	City of Indianapolis	___ DBE	___ DBE	___ WBE	___ WBE	___ MBE	___ MBE	Registered Engineers of Firm in Indiana: _____ Full-Time Employees in Indiana: _____ (ACEC National Number)
State of Indiana	City of Indianapolis									
___ DBE	___ DBE									
___ WBE	___ WBE									
___ MBE	___ MBE									

List all partners, limited partners, or individual owners; for a corporation, list all directors and officers:
 (Please attach an additional sheet, if necessary)

 (Name) (Title) (IN License No.) (E-Mail)

 (Name) (Title) (IN License No.) (E-Mail)

 (Name) (Title) (IN License No.) (E-Mail)

Primary Contact for ACEC Indiana: _____
 (Name) (E-Mail)

Principals to Receive ACEC National Newsletter & ACEC Indiana Correspondence:
 (Please attach an additional sheet, if necessary):

 (Name) (E-Mail)

 (Name) (E-Mail)

 (Name) (E-Mail)

 (Name) (E-Mail)

Additional Firm Contacts:

Marketing _____ **X**
(Name) (E-Mail) (Phone)

Accounts Payable _____
(Name) (E-Mail) (Phone)

Type of Work Done by Firm (Check all that apply)

- | | | |
|---|---|---|
| _____ Airports | _____ Architectural – Building,
Landscape, Interiors | _____ Asbestos, Surveys
& Consulting |
| _____ Bridges | _____ Computer Graphics | _____ Construction Mgt./Observation |
| _____ Electrical/Mechanical | _____ Energy/Power-Cogeneration | _____ Environmental |
| _____ Fire Protection/Detection | _____ Forensic Expert Witness | _____ Geotechnical Engineering |
| _____ Hazardous & Solid Waste | _____ Highways/Streets | _____ Hydraulics/Hydrology |
| _____ Industrial | _____ Laboratory/Testing | _____ Land Surveying |
| _____ Mining Engineering
& Reclamation | _____ Photogrammetry | _____ Site Development & Planning |
| _____ Structural | _____ Traffic Engineering Studies | _____ Water/Wastewater
Supply Distribution/Treatment |

CERTIFICATION

Application for membership in **AMERICAN COUNCIL OF ENGINEERING COMPANIES OF INDIANA, INC.**, is hereby made, and as a requirement thereof, the undersigned certifies that all statements made on this application are correct and that:

1. The principle business of this firm is the private practice of consulting engineering;
2. This firm is not engaged in the sale of a factory product or in the contracting for construction;
3. This firm has a permanent and bona fide office in Indiana which has at least one, full-time and qualified engineering staff;
4. The applicant firm agrees to subscribe to the principles, the dues payment policy, the Articles of Incorporation and Bylaws of **AMERICAN COUNCIL OF ENGINEERING COMPANIES OF INDIANA**, and to the Engineering Council of Professional Development Canons of Ethics;
5. The firm will energetically support the activities of **AMERICAN COUNCIL OF ENGINEERING COMPANIES OF INDIANA, INC.**

By: _____
Signature (Owner / Principal) **Title**

Printed

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

(Applicant's must have approval from references. References will be contacted and verified.)

1. _____
2. _____

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