

1. **Firm / Name:** _____
 Street Address: _____
 Mailing Address: _____
 Business Phone: () _____ Facsimile: () _____
 e-mail address _____ URL: http:// _____

2. **Membership Classification & Fee:** Firm - \$1000 per year Individual - \$500 per year
(Do not send payment with this application. You will be billed following approval by the Board of Directors.)

3. **Principal Field of Activity:** _____

4. **Description:** _____

5. **Firm's Official Representative:** _____

6. **Other Participants (Firm Membership only)**

Name _____ Position _____

Name _____ Position _____

(For additional listings and individual descriptions please use the reverse side of this page.)

7. **References:**

Clients or Other A/E Firms or Individuals:

_____	_____	()
Firm	Contact	Phone
_____	_____	()
Firm	Contact	Phone

8. **ACEC WA Member Sponsor:** Name: _____ Firm: _____
(This is an honorary designation. Please nominate the member most responsible for your decision to join ACEC.)

9. **Signature of Principal:** _____ **Date:** _____

PLEASE MAIL OR FAX COMPLETED APPLICATION TO: