ACEC Washington

Membership Application

ASSOCIATE MEMBER

1. Firm Name: _____

Street Address: _____

Mailing Address: _____

Business Phone: ( )_____ Facsimile: ( )_____

e-mail address _____ URL: http://_____

2. Do you have offices outside of Washington? ☐ Yes ☐ No *Please list other locations separately.*

3. Principal Field of Activity: _____

_____

_____

4. ☐ Sole Proprietorship ☐ Partnership ☐ Corporation (WA Certificate #_____)

5. Year of Firm's formation: _____

6. Firm's Official Representative: _____

7. Firm's Official Alternate Representative: _____

8. Number of employees at all Washington offices: _____

9. References:

Clients or Other A/E Firms or Individuals:

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

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

11. Signature of Principal: _____ Date: _____

*An Entrance Fee of $40.00 is required. Please make check payable to **American Council of Engineering Companies of Washington**. The Entrance Fee is not deductible as a charitable contribution for tax purposes, but may be deductible as a business expense.*

PLEASE MAIL OR FAX COMPLETED APPLICATION TO:

ACEC Washington • 700 – 112th Avenue NE, Suite 207 • Bellevue, WA 98004

Phone: (425) 453-6655 • Fax: (425) 451-3521