

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. Number of employees at all Washington offices: \_\_\_\_\_

7. Firm's Official Representative: \_\_\_\_\_  
E-mail \_\_\_\_\_

8. Firm's Official Alternate Representative(s): (Each firm may name up to 3 Alternates)

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

9. **References: Clients or Other A/E Firms or Individuals**

\_\_\_\_\_ (     ) \_\_\_\_\_  
Firm Contact Phone

\_\_\_\_\_ (     ) \_\_\_\_\_  
Firm Contact Phone

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

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 – 112<sup>th</sup> Avenue NE, Suite 207 • Bellevue, WA 98004  
Phone: (425) 453-6655 • Fax: (425) 451-3521

ALL PARTNERS, ENGINEERING OFFICERS AND PRINCIPALS MUST FILL OUT THE FOLLOWING. MAKE COPIES FOR ADDITIONAL PRINCIPALS.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

College Attended: \_\_\_\_\_

College Degrees: \_\_\_\_\_

Date(s) of Graduation: \_\_\_\_\_

Years of Engineering Work Experience: \_\_\_\_\_

Date of Joining Firm: \_\_\_\_\_

Date Became Participating Member of Firm: \_\_\_\_\_

Date of Washington Registration: \_\_\_\_\_ Registration No.: \_\_\_\_\_

Registered as (CE, EE, ME, etc.): \_\_\_\_\_

Professional Organization Memberships: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

College Attended: \_\_\_\_\_

College Degrees: \_\_\_\_\_

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Registered as (CE, EE, ME, etc.): \_\_\_\_\_

Professional Organization Memberships: \_\_\_\_\_

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