



ACEC NEW YORK AFFILIATE MEMBERSHIP APPLICATION*

Application is hereby made for membership in the American Council of Engineering Companies of New York; I agree to subscribe to the Articles and By-Laws of the association.

1. FIRM NAME: _____
2. CONTACT PERSON: _____
3. BUSINESS ADDRESS: _____
4. TELEPHONE: (_____) _____ FAX: (_____) _____
 EMAIL: _____ wwwAddress: _____
5. Type of Business:

<input type="checkbox"/> Architectural	<input type="checkbox"/> Insurance	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Association/Non-Profit Organization	<input type="checkbox"/> Legal	_____
<input type="checkbox"/> Contractor	<input type="checkbox"/> PR/Marketing	_____
<input type="checkbox"/> Financial & Related Services	<input type="checkbox"/> Real Estate	_____

Please provide a brief description of services your firm provides (500 characters or less). This description will be included in the ACEC New York online and printed directory:

6. Year firm was founded: _____
7. Please check all that apply: MBE WBE SBE DBE
8. Total number of employees in NYS: _____
9. Annual Dues

<input type="checkbox"/> 1-9 employees \$625	<input type="checkbox"/> 51-100 employees \$1,550	<input type="checkbox"/> 251+ employees \$2,600
<input type="checkbox"/> 10-50 employees \$1,250	<input type="checkbox"/> 101-250 employees \$2,100	

Note: Membership in ACEC and ACEC New York is by firm. All full-time employees of the company must be included in the employee count, not just engineers. For firms that experience seasonal or other fluctuations, an estimated average employee count is sufficient. Employee counts will be adjusted annually during the re-certification process.

10. Name, Address and Email of Firm Contacts for ACEC New York (please list a "main contact" person first):

SIGNATURE: _____ NAME/TITLE: _____ DATE: _____

Please return to: ACEC New York, 6 Airline Drive, Albany, NY 12205 or email to gina@acecny.org