



**ACEC NEW YORK FULL MEMBERSHIP APPLICATION**

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

- 1. FIRM NAME: \_\_\_\_\_
- 2. CONTACT PERSON: \_\_\_\_\_
- 3. NYS BUSINESS ADDRESS\*: \_\_\_\_\_
- 4. TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_  
EMAIL: \_\_\_\_\_ wwwAddress: \_\_\_\_\_
- 5. FIELDS OF PRACTICE: Please check all that apply to your firm.

<input type="checkbox"/> Architectural	<input type="checkbox"/> Environmental	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Civil, General	<input type="checkbox"/> Geotechnical	<input type="checkbox"/> Mining/Materials
<input type="checkbox"/> Civil, Structural	<input type="checkbox"/> Hydrology	<input type="checkbox"/> Nuclear/Petroleum/Energy
<input type="checkbox"/> Civil, Transportation	<input type="checkbox"/> Industrial	<input type="checkbox"/> Planning
<input type="checkbox"/> Computer/Communications/Systems	<input type="checkbox"/> Land Development	<input type="checkbox"/> Surveying/GIS/Mapping
<input type="checkbox"/> Construction Management	<input type="checkbox"/> Landscape Architecture	<input type="checkbox"/> Water/Wastewater
<input type="checkbox"/> Electrical		

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 6. Year firm was founded: \_\_\_\_\_
- 7. Type of Business:  INC.  Sole Proprietor  PC  DPC  PLLC  LLP
- 8. Please check all that apply:  MBE  WBE  SBE  DBE  VOB
- 9. Please list all branch offices in NYS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 10. If NY is not the headquarters for your firm, please provide the location of your headquarters in the U.S.:  
\_\_\_\_\_

11. Has firm previously held membership in ACEC-National? \_\_\_\_\_ If so, when and where: \_\_\_\_\_

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12. Total number of employees in NYS: \_\_\_\_\_

13. Names of Principals and Email Addresses (please list a "main contact" person first):

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SIGNATURE: \_\_\_\_\_

NAME/TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please return to:** ACEC New York, 6 Airline Drive, Albany, NY 12205 or email to [rory@acecny.org](mailto:rory@acecny.org)

\*If your office is located in a state contiguous to NYS, please provide this address