



Membership Application

I. Firm Name: _____

Street Address: _____

City, State, Zip Code: _____

Mailing Address: _____

City, State, Zip Code: _____

Business Phone: _____ Fax: _____

Firm Email Address: _____ Website URL: _____

II. Do you have multiple office in California? YES (please provide info on pg. 3) No

III. Principal Name/Manager	Registration & License #	Email Address
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1. _____
Home Address (Optional): _____

2. _____
Home Address (Optional): _____

3. _____
Home Address (Optional): _____

Please, list additional Principals on Page 3.

**This assists our government relations program by allowing us to identify your local representatives and will not be released to any third party.*

IV. Accountant: _____ Email Address: _____

HR/Office Manager: _____ Email Address: _____

CEO/CFO: _____ Email Address: _____

Gov't Affairs: _____ Email Address: _____

Firm's Attorney: _____ Email Address: _____

V. Total FTE personnel in this office: _____ Total FTE personnel in all of California: _____

**FTE (Full-Time Equivalent Personnel) = all hours of service for a four week period provided by all payroll and contract employees, owners, principals, and managers in all California offices of the firm divided by 160.*

VI. State the nature and scope of firm's business activities for reprinting in the Membership Directory & Update. Please stress specialties using 50 words or less. Use the back page if necessary. ACEC California reserves the right to edit material submitted for printing.

VII. A portion of your dues goes to the ACEC California Political Action Committee (ACEC-CA_PAC). The PAC enables member firms to effectively participate in the political process, pooling donations and supporting worthy candidates in a unified and coordinated fashion.

Contribution to the ACEC-CA-PAC does not constitute additional dues. If you opt-out, this portion of your dues will instead go to ACEC California’s general fund. For more information on ACEC-CA-PAC, contact Brad Diede at 916-441-7991.

Please Indicate the designated contact from your firm for ACEC-CA-PAC relations: _____

I would like to opt-out of ACEC-CA-PAC contributions.

VIII. Please specify if your firm is certified as one of the following:

- Disadvantaged Business Enterprise (DBE)
- Woman-Owned Business Enterprise (WBE)
- Certified Small Buisness (CSBE)
- Minority-owned Business Enterprise (MBE)
- Disadvantaged Veteran Business Enterprise (DVBE)
- Limited Liability Corporation (LLC)
- Limited Liability Partnership (LLP)
- Emerging Small Business

IX. Disciplines Offered:

- Agricultural/Biological Engineering
- Architectural
- Chemical
- Civil-General
- Civil-Structural
- Civil-Transportation
- Computer/Communications/Systems
- Construction Management
- Electrical
- Environmental
- Fire/Earthquake/Hazards/Safety
- Forensic
- Geotechnical
- Hydrology
- Industrial
- Land
- Development
- Marine & Coastal
- Mechanical
- Mining/Materials
- Nuclear/Petroleum/Energy
- Planning
- Suveying/GIS/Mapping
- Water/Wastewater
- Other

X. ACEC California member who first talked with you about membership: _____

XI. Firm’s Social Media Handles:

Facebook _____ LinkedIn _____
 Twitter _____ Instagram _____

Please list additional California Offices and Principals on Page 3.

XII. Additional Offices and Principals *(if necessary)*:

Principal Name/Manager	Registration & License #	Email Address
1. _____		
Street Address: _____		
City, State, Zip Code: _____		
2. _____		
Street Address: _____		
City, State, Zip Code: _____		
3. _____		
Street Address: _____		
City, State, Zip Code: _____		

XIII. Signature of Principal: _____ Date: _____

Please return this application:
ACEC California, 1303 J Street, Suite 450, Sacramento, CA 95814 | 916-441-7991

(FOR ACEC CALIFORNIA USE ONLY)

Membership Approval by: _____ Date: _____

Chapter Office Signature

Name and Title (Please Print): _____