

# ACEC Indiana, Inc.

55 Monument Circle, Suite 819, Indianapolis, IN 46204-3616

Phone: (317) 637-3563 Fax: (317) 637-9968

## Application for Associate Membership

**\*call for membership dues**

Date \_\_\_\_\_

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ County \_\_\_\_\_

E-mail address \_\_\_\_\_ Website \_\_\_\_\_

Please list addresses of additional offices of firm, if any:

1. \_\_\_\_\_  
(Main office if different than above)

2. \_\_\_\_\_

Form of Business Organization: Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_

General Corporation \_\_\_\_\_ Professional Corporation \_\_\_\_\_ Other \_\_\_\_\_

Year Firm was Established: \_\_\_\_\_

Type of Work Done by Firm: \_\_\_\_\_

Principal Acting As Key Contact for ACEC: \_\_\_\_\_

List all partners, limited partners, or individual owners; for a corporation, list all directors and officers:

\_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_  
(Name) (Title)

Use additional sheet if necessary.

# CERTIFICATION

Application for membership in **ACEC Indiana**, is hereby made, and as a requirement thereof, the undersigned certifies that all statements made on this application are correct:

By: \_\_\_\_\_  
**Signature**  
\_\_\_\_\_  
**Printed**  
\_\_\_\_\_  
**Title**

**Please list the name, address and phone # of two references in the field of consulting engineering, preferably a member of ACEC Indiana:**

1. \_\_\_\_\_
2. \_\_\_\_\_

PLEASE ATTACH THE FIRM'S BROCHURE TO THIS APPLICATION, IF AVAILABLE.

For Office Use

CK# \_\_\_\_\_ CK Date \_\_\_\_\_ CK Amount \_\_\_\_\_

Date CK Received \_\_\_\_\_

Sponsored By: \_\_\_\_\_