



# MEMBERSHIP APPLICATION

AMERICAN COUNCIL OF ENGINEERING COMPANIES  
of Arkansas

**1. Firm Name:** \_\_\_\_\_

Firm Contact : \_\_\_\_\_

Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Web Site: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**2. Fields of Engineering in Which Qualified:** \_\_\_\_\_

**3. Ownership Information:** (check one)  Privately-Owned Corp.  Publicly-Owned Corp.  
 Limited Liability Corp.  Corporation  \$ Corp.  Partnership  Limited Partnership  
 Sole Proprietor  Publicly-held stock  Other

**4. Employee Information**

\_\_\_\_\_ Total number of personnel in Arkansas (include all support personnel)

**5. Principal Representatives (must be a registered PEs)**

Name	Title	Fields of Practice in Which Registered	States in Which Registered	Number of Years in Private Practice

**6. Associate Representatives (may or may not be a registered PE)**

Name	Title	Fields of Practice in Which Registered	States in Which Registered	Address if Different From Above

**7. Email Distribution List** Any person in your firm who you would like to be on ACEC/A email distribution list that are not listed above (use separate sheet if need)

Name	Title	E-mail Address

I certify that each and every statement made by me in this application is true and correct and that I agree to uphold the Constitution and Bylaws of the American Council of Engineering Companies of Arkansas if application is accepted for membership.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
ACEC/A Member Sponsor (not required)

**Please fax, mail or e-mail this application to:**  
ACEC/A, 124 W. Capitol Ave., Ste 712, Little Rock, AR. 72201  
Phone: 501/376-4128 FAX: 501/376-3919 E-mail: info@arkansasengineers.org