



Affiliate Membership Application

1. Firm Name: _____

Designated Company Representative: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____ Web Site: _____

Company Activities (50 words or less) _____

2. Company Information

Ownership: (check one) Privately-Owned Corp. Publicly-Owned Corp. Limited Liability Corp.

Corporation PS Corp. Partnership Limited Partnership Sole Proprietor

Publicly-held stock Other

Headquarters Branch Office Number of Branch Offices

3. Employee Information

_____ Total number of personnel in Arkansas

_____ Total number of personnel Company wide

4. Principal Representatives

Name	Title	Professional Field of Practice	Email Address

5. Additional Contacts for Distribution Lists

Name	Title	Email Address

Signature Title Date

Please email or mail this application to:
ACEC/A, P.O. Box 24902, Little Rock, AR 72221
Phone: 501-541-5229 E-mail: awcooper@arkansasengineers.org