



AMERICAN COUNCIL OF ENGINEERING COMPANIES
of Minnesota

Membership Application

1. Firm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

2. Fields of Consulting in Which Engaged _____

Firm Type (check one): Consulting Engineering Engineering Div. Commercial/Indus. Surveying

If a consulting engineering firm, what type? (check one)

Engineering Architectural/Engineering Design/Build/Construct

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

Corporation S Corp. Partnership Limited Partnership Sole Proprietor

Publicly-held stock Other

3. Employee Information

_____ Total number of personnel in Minnesota

_____ Total number of personnel in Minnesota involved in providing consulting engineering services
(include all support personnel)

4. Principal Representatives (must be registered PEs)

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

5. Associate Representatives (may or may not be registered PEs)

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

6. References Preferably names and addresses of principals, officers, associates or individual engineers registered in the State of Minnesota and a member of ACEC/MN

Name	Title	Firm/Company

The undersigned agrees that if this application is accepted, he/she will uphold the Constitution and Bylaws of the American Council of Engineering Companies of Minnesota.

Signature

Title

Date

Please fax, mail or e-mail this application to:
ACEC/MN, 10201 Wayzata Blvd., #240, Minnetonka, MN 55305
Phone: 952/593-5533 FAX: 952/593-5552 E-mail: mail@acecmn.org