

ACEC Oregon

AMERICAN COUNCIL OF ENGINEERING COMPANIES OF OREGON
*Serving the business needs of engineering and surveying companies in Oregon
and Clark County, Washington since 1956.*

Firm Application for Membership

SECTION I

QUALIFICATIONS FOR MEMBERSHIP: Membership in ACEC Oregon shall be limited to and held in the name of duly organized and constituted consulting engineering and/or surveying firms.

- A. Which are sole proprietorships or corporations licensed to practice engineering and/or surveying;
- B. Which engage in the practice of engineering and/or surveying (defined as rendering counsel and service to clients for a fee) as the firm's principal activity and which have no conflict of interest;
- C. Which maintain an office (or offices) within the State of Oregon, Southwest Washington (Clark County), or such adjacent areas as the Board of Directors may approve; and
- D. In which the consulting engineering activities are under the responsible charge of a registered professional engineer (P.E.) and/or surveying activities are under the responsible charge of a registered professional land surveyor (P.L.S.).

Firm Name _____

Parent company if branch or subsidiary _____

Address _____

City/State/Zip _____

Phone _____

Website _____

Total Company-wide Personnel (# of full-time equivalent) _____

Total State Personnel (# of full-time equivalent in Oregon & Clark County, WA) _____

Dues Billing Contact (Name & Email) _____

Business Organization Type:

- | | |
|--|--|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Sub Chapter S | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Public | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Private | <input type="checkbox"/> Sole Proprietorship |

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Firm Description: Briefly describe the firm's activities; attach an additional sheet if necessary:

Business Classification:

- | | |
|--|--|
| <input type="checkbox"/> Certified Small Business | <input type="checkbox"/> Minority Business Enterprise |
| <input type="checkbox"/> Disadvantaged Business Enterprise | <input type="checkbox"/> Service Disabled Veteran Owned Business |
| <input type="checkbox"/> Emerging Small Business | <input type="checkbox"/> Women's Business Enterprise |
| <input type="checkbox"/> COBID certified | |

Disciplines Offered: For statistical purposes, indicate which of the following disciplines are provided by the firm. Include only in-house capability by virtue of experience and having a principal registered in the specific field:

- | | |
|--|---|
| <input type="checkbox"/> Agricultural/Biological Engineering | <input type="checkbox"/> Geotechnical |
| <input type="checkbox"/> Airports | <input type="checkbox"/> Hydrology |
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Land Development |
| <input type="checkbox"/> Civil – General | <input type="checkbox"/> Marine & Coastal |
| <input type="checkbox"/> Civil – Structural | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Civil – Transportation | <input type="checkbox"/> Mining/Materials |
| <input type="checkbox"/> Computer/Communications/Systems | <input type="checkbox"/> Nuclear/Petroleum/Energy |
| <input type="checkbox"/> Construction Management | <input type="checkbox"/> Other |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Surveying/GIS/Mapping |
| <input type="checkbox"/> Fire/Earthquake/Hazards/Safety | <input type="checkbox"/> Water/Wastewater |
| <input type="checkbox"/> Forensic | |

For Office Use Only:

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Firm | <input type="checkbox"/> Pay Direct |
| <input type="checkbox"/> Branch | <input type="checkbox"/> MO Incentive. Fill in percentage: _____ |

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SECTION II

Key Principal or Primary Contact (Firm Representative) *(required)*

The primary contact (firm representative) holds the voting rights for the firm and is the key point of contact.

Full Name _____ Title _____

Email Address _____ Professional Role within Firm _____

References (Two people who have knowledge of your firm's professional activities.)

Name _____ Firm _____ Phone _____

Name _____ Firm _____ Phone _____

Certification: By signature contained hereon, the applicant shall agree to adhere to the Bylaws of ACEC Oregon.

Date _____ Signed _____ Title _____

Add the names of staff members whom you feel would benefit from participation in ACEC. Your firm's ROI on your ACEC membership is directly related to the number of staff who are active in the Council. *(Use separate sheets to provide additional names.)*

Full Name _____ Title _____

Email Address _____ Professional Role within Firm _____

Full Name _____ Title _____

Email Address _____ Professional Role within Firm _____

Full Name _____ Title _____

Email Address _____ Professional Role within Firm _____

Full Name _____ Title _____

Email Address _____ Professional Role within Firm _____

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SECTION III

Personal Application for Membership

For the firm rep and/or principal* to complete, must be a P.E. and/or P.L.S.

In addition to the firm application for membership, an application should be submitted from each principal of the applying firm.

*Definition of Principal: A principal is an individual designated by a member firm who is the sole proprietor, partner, officer, manager:

(1) having ownership interest or (2) exercising management responsibility for technical or business decisions.

Personal Application for Membership *(for the firm rep and/or principal* to complete, must be a P.E. and/or P.L.S.)*

Name _____ E-mail _____

Phone _____

Title/Position in Firm _____

Oregon P.E. and/or P.L.S. Registration Number (if applicable) _____

Other states where registered _____

Education (please list all schools, degrees and dates) _____

Previous Experience (Please list all experience over the past five years)

Employer or Affiliation	City	Period	Title	Supervisor

I hereby represent that I meet all qualifications for membership in the ACEC Oregon and that I have no monetary interest in products, materials, or equipment that will affect my practice.

Signed _____ Date _____

Return the completed application to: mwebber@acecOregon.org or
mail to ACEC Oregon, 5319 SW Westgate Drive, Suite 224, Portland, OR 97221.

Questions? Call (503) 292-2348 or e-mail mwebber@acecOregon.org.

For Office Use Only / Disposition of Board of Directors

Yea ____ Nay ____ President/Officer _____ Date _____