



AMERICAN COUNCIL OF ENGINEERING COMPANIES OF OREGON

**APPLICATION FOR AFFILIATE MEMBERSHIP**

NAME OF FIRM \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ WEB \_\_\_\_\_

MAILING ADDRESS (if different from street address) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FIELD OF SERVICE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FIRM REPRESENTATIVE \_\_\_\_\_ TITLE \_\_\_\_\_

ALTERNATE \_\_\_\_\_ TITLE \_\_\_\_\_

BIOGRAPHICAL SKETCH OF FIRM REPRESENTATIVE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

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

NAME \_\_\_\_\_ FIRM \_\_\_\_\_

NAME \_\_\_\_\_ FIRM \_\_\_\_\_

**CERTIFICATION:** By signing below the applicant agrees to uphold the Constitution and Bylaws of ACEC Oregon, as they apply to Affiliate Members (should the applicant firm be accepted for Affiliate Membership).

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_

*Please return this form to: **ACEC Oregon***

5319 SW Westgate Drive, Suite 224 ♦ Portland, OR 97221 ♦ phone 503/292-2348 ♦ [www.acecOregon.org](http://www.acecOregon.org)