



AMERICAN COUNCIL OF ENGINEERING COMPANIES OF OREGON

APPLICATION FOR AFFILIATE MEMBERSHIP

NAME OF FIRM _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____ WEB _____

MAILING ADDRESS (if different from street address) _____

CITY _____ STATE _____ ZIP _____

FIELD OF SERVICE _____

FIRM REPRESENTATIVE _____ TITLE _____

ALTERNATE _____

BIOGRAPHICAL SKETCH OF FIRM REPRESENTATIVE _____

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

NAME _____ FIRM _____
NAME _____ FIRM _____

CERTIFICATION: By signing below and enclosing the required (non-refundable) \$35.00 application fee, 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 22(♦ Portland, OR 97221 ♦ phone 503/292-2348 ♦ fax 503/292-2410 ♦ www.acecOregon.org