



AMERICAN COUNCIL OF ENGINEERING COMPANIES
of Minnesota

Affiliate Membership Application

1. Firm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

2. Please Explain the nature of your business _____

3. Employee Information

_____ Total number of personnel in Minnesota

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

4. Principals

Name	Title	Address if Different From Above

5. Designated Representative of Firm (please list only one)

Name	Title	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 Consulting Engineers Council 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