

ACEC

American Council of Engineering Companies
Nebraska

COMPANY LOCATION:

Company Name

Street Address

Mailing Address (if different than Street Address)

City State Zip Code

Phone Fax

Website

Email Address

MEMBERSHIP CATEGORY:

Full Member
 Affiliate Member

COMPANY INFORMATION:

Number of All Employees: In Nebraska: _____

Ownership:

Sole Proprietor
 Partnership
 Corporation - Private
 Public
 Other: _____

Subsidiary or Branch Office of: _____

COMPANY CONTACTS:

Web Listing:	Email Group:	Receive Newsltr:	Name:	Email Address:	Office Location:
YES	YES	YES	Main Contact (gets all correspondence)	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CERTIFICATION:

I agree, if granted membership, to uphold the Code of Ethics, Articles of Incorporation and Bylaws of the State and National Councils including waiver of claims against either Council for statements made or actions taken in connection with expulsion of our company on the grounds that our conduct or policy is detrimental to the honor, purposes or interests of the National Council or Council of Nebraska or is of such a nature as to bring the work of the Councils into disrepute. If granted membership, I agree to pay the dues assessed for the remainder of the fiscal year in which I am applying and for every year following until I terminate membership. Termination of membership must be submitted in a formal letter to the Council. Membership dues are not refundable if termination of membership occurs after the fiscal year begins (July 1).

I hereby certify that our company complies with the membership qualifications of and all information is complete and correct.

Name: (print) _____

Signature: _____

Date: _____

Please return this completed application to ACEC/N at:

Cornhusker Plaza
301 S. 13th St., Suite 101
Lincoln, NE 68508