



Membership Application

Section I

Firm Name _____

Parent company if branch or subsidiary _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

Website _____

Total Nebraska Personnel _____

Total Company wide Personnel (if locations are outside of Nebraska) _____

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 |

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



Minority Status:

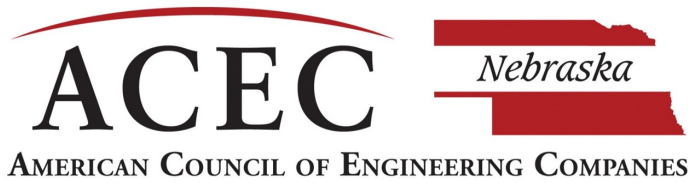
- Certified Small Business
- Disadvantaged Business Enterprise
- Minority Business Enterprise
- Service Disabled Veteran Owned Business
- Women’s Business Enterprise

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:

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

For Office Use Only:

Firm
 Branch
 Pay Direct
 MO Incentive. Fill in percentage:



Section II

Key Principal or Primary Contact (Required)

Full Name

Title

Email Address

Phone

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

Phone

Full Name

Title

Email Address

Phone

Full Name

Title

Email Address

Phone

Full Name

Title

Email Address

Phone

Return the completed application to:

Via email:
Jeanne@acecnebraska.org

Via Mail:
ACEC Nebraska
211 N. 14th Street
Lincoln, NE 68508

Questions? Contact Jeanne McClure | 402-432-6252 | jeanne@acecnebraska.org