

ACEC OF IDAHO

P.O. Box 8224, Boise, ID 83707 · Phone (208) 321-1502 · Fax (208) 321-4819

Website: www.acecofidaho.org · Email: tottens@clearwire.net

APPLICATION FOR MEMBERSHIP

By completing this form, you are applying for membership in the ACEC of Idaho and the American Council of Engineering Companies (ACEC). You agree to support the Code of Ethics as shown on the reverse side, and agree to timely payment of all dues.

Application Procedure: Please complete all information. Send the completed form and attachments to the Executive Director, ACEC of Idaho, P.O. Box 8224, Boise, ID 83707. Your membership application will be reviewed by the membership committee prior to presentation to the Board of Directors for final action.

Section I

Firm Name _____

Parent company if branch or subsidiary _____

Business Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Fax** _____

Email _____ **Website** _____

Total Company-wide Personnel _____ **Total State Personnel** _____

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:

- | | |
|--|--|
| <input type="checkbox"/> Certified Small Business | <input type="checkbox"/> Service Disabled Veteran Owned Business |
| <input type="checkbox"/> Disadvantaged Business Enterprise | <input type="checkbox"/> Women's Business Enterprise |
| <input type="checkbox"/> Minority 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:

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

Branch Offices: _____

For Office Use Only:

- | |
|--|
| <input type="checkbox"/> Firm |
| <input type="checkbox"/> Branch |
| <input type="checkbox"/> Pay Direct |
| <input type="checkbox"/> MO Incentive. Fill in percentage: |

Reference of Character and Qualifications: Please list two registered professional engineers and/or land surveyors who have personal knowledge of your character and professional qualifications.

Name _____ Address _____ City _____ State _____ Zip _____ Phone _____
 Name _____ Address _____ City _____ State _____ Zip _____ Phone _____

I declare that to the best of my knowledge and belief, the information supplied by me is correct and complete, that I subscribe to the Code of Ethics as shown, and that I meet all other membership requirements as shown. I understand that I am responsible for payment of membership dues up until the date I provide written notice of cancellation:

Signature _____ **Date** _____

CODE OF ETHICS

As a member you must support the following:

Consulting engineering is an important and learned profession. The members of the profession recognize that their work has a direct and vital impact on the quality of life for all people. Accordingly, the services provided by consulting engineers require honesty, impartiality, fairness and equity and must be dedicated to the protection of public health, safety and welfare. In the practice of their profession, consulting engineers must perform under a standard of professional behavior which requires adherence to the highest principles of ethical conduct on behalf of the public, clients, employees and the profession.

Consulting engineers, in the fulfillment of their professional duties, shall:

- Hold paramount the safety, health and welfare of the public in the performance of their professional duties.
- Perform services only in areas of their competence.
- Issue public statements only in an objective and truthful manner.
- Act in professional matters for each client as faithful agents or trustees.
- Avoid improper solicitation of professional assignments.

These are the fundamental canons of the American Council of Engineering Companies and are subscribed to by all members of the ACEC of Idaho.

ACEC National & ACEC of Idaho MEMBERSHIP REQUIREMENTS

Member firms shall be limited to those individual firms, parent firms, branch offices or subsidiaries whose resident principal (proprietors, partners or officers) furnish independent consulting engineering services, and shall:

- a) maintain established offices for the practice of consulting engineering, as (i) sole proprietorships; (ii) as partnerships; or (iii) as corporations furnishing consulting engineering service providing that their officers act for them on professional policies and activities;
- b) have principals registered or licensed professionally in accordance with the laws of the states in which they practice;
- c) belong to a Member Organization;
- d) practice consulting engineering in accordance with the ACEC Professional and Ethical Conduct Guidelines;
- e) practice under an organizational arrangement that does not involve a conflict of interest or does not subordinate independent professional judgment or other construction contracting, manufacturing, sales, public utility, holding company or other similar organizations which function as service organizations for the controlling company, shall not be eligible for membership.
- f) ISPE Membership

**YEARLY DUES SCHEDULE
 AMERICAN COUNCIL OF ENGINEERING COMPANIES / ACEC OF IDAHO**

AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC) \$310.45 PER INDEX NUMBER
ACEC OF IDAHO \$301.84 PER INDEX NUMBER

(Firms must join both National and Idaho for a combined total of \$612.29 per index number per year, billed quarterly.)

<u>EMPLOYEES/INDEX</u>	<u>EMP./ INDEX</u>	<u>EMP./ INDEX</u>	<u>EMP./ INDEX</u>	<u>EMP./ INDEX</u>					
1	1.0	21	5.7	41	8.4	61	10.5	81	12.3
2	1.5	22	5.9	42	8.5	62	10.6	82	12.4
3	1.9	23	6.0	43	8.6	63	10.7	83	12.5
4	2.2	24	6.1	44	8.7	64	10.8	84	12.6
5	2.5	25	6.3	45	8.8	65	10.9	85	12.7
6	2.8	26	6.4	46	8.9	66	11.0	86	12.7
7	3.0	27	6.6	47	9.0	67	11.1	87	12.8
8	3.3	28	6.7	48	9.1	68	11.1	88	12.9
9	3.5	29	6.9	49	9.2	69	11.2	89	13.0
10	3.7	30	7.0	50	9.4	70	11.3	90	13.1
11	3.9	31	7.1	51	9.5	71	11.4	91	13.2
12	4.1	32	7.2	52	9.6	72	11.5	92	13.2
13	4.3	33	7.4	53	9.7	73	11.6	93	13.3
14	4.5	34	7.5	54	9.8	74	11.7	94	13.4
15	4.7	35	7.6	55	9.9	75	11.8	95	13.5
16	4.9	36	7.8	56	10.0	76	11.9	96	13.6
17	5.1	37	7.9	57	10.1	77	12.0	97	13.7
18	5.2	38	8.0	58	10.2	78	12.1	98	13.7
19	5.4	39	8.1	59	10.3	79	12.1	99	13.8
20	5.5	40	8.2	60	10.4	80	12.2	100	13.9

Dues are billed quarterly. For employees beyond number shown above, contact ACEC of Idaho for index #'s. Dues are computed by both the American Council of Engineering Companies and the Consulting Engineers of Idaho based on the number of employees of member firms.

Section II

Key Principal or Primary Contact (Required)

Full Name

Title

Email Address

Professional Role within Firm

Add the names of the staff members whom you feel would benefit from participation in ACEC.

Full Name

Title

Email Address

Professional Role within Firm

Full Name

Title

Email Address

Professional Role within Firm

Full Name

Title

Email Address

Professional Role within Firm

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