

# ACEC OF IDAHO

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

Website: [www.acecofidaho.org](http://www.acecofidaho.org) · Email: [tottens@clearwire.net](mailto:tottens@clearwire.net)

By completing this form, you are applying for associate or affiliate membership in the ACEC of Idaho and the American Council of Engineering Companies (ACEC). You 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.

Type of Membership: Associate \_\_\_\_\_ Affiliate \_\_\_\_\_

Firm Name \_\_\_\_\_

Parent company if branch or subsidiary \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

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

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**Branch Offices:** \_\_\_\_\_

**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, and that I meet all other membership requirements as shown. I certify by signing this application that I do not qualify under the general membership requirements as either an engineering or land surveying firm. I understand that I am responsible for payment of membership dues up until the date I provide written notice of cancellation:

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Key Principal or Primary Contact (Required)

Full Name \_\_\_\_\_

Title \_\_\_\_\_

Email Address \_\_\_\_\_

Professional Role within Firm \_\_\_\_\_