



## ACEC North Dakota - Membership Application

### Section I

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

**If Branch or Subsidiary, Name of Parent Company** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Website** \_\_\_\_\_

**Total Number Company-wide Personnel** \_\_\_\_\_

**Total Number of Company Personnel in Your State** \_\_\_\_\_

**Business Organization Type:**

- Sole Proprietorship
- Partnership
- Corporation
- Engineering Department, Division, or Subsidiary of a Private, Non-Engineering Company
- Other (Please Specify) \_\_\_\_\_

**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:



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

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**Special Business Classifications (Optional):**

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

**Disciplines Offered:** For statistical purposes, indicate which of the following disciplines are practiced by the firm in-house:

- |  |  |
|--|--|
| <input type="checkbox"/> Agricultural/Biological Engineering | <input type="checkbox"/> Industrial            |
| <input type="checkbox"/> Architectural                       | <input type="checkbox"/> Marine & Coastal      |
| <input type="checkbox"/> Chemical                            | <input type="checkbox"/> Materials Handling    |
| <input type="checkbox"/> Civil – General                     | <input type="checkbox"/> Mechanical            |
| <input type="checkbox"/> Civil – Transportation              | <input type="checkbox"/> Mining                |
| <input type="checkbox"/> Computer/Communications/Systems     | <input type="checkbox"/> Nuclear               |
| <input type="checkbox"/> Construction Management             | <input type="checkbox"/> Petroleum             |
| <input type="checkbox"/> Electrical                          | <input type="checkbox"/> Power                 |
| <input type="checkbox"/> Environmental                       | <input type="checkbox"/> Process               |
| <input type="checkbox"/> Fire/Earthquake/Hazards/Safety      | <input type="checkbox"/> Structural            |
| <input type="checkbox"/> Forensic                            | <input type="checkbox"/> Surveying/GIS/Mapping |
| <input type="checkbox"/> Geotechnical                        | <input type="checkbox"/> Water/Wastewater      |
| <input type="checkbox"/> Hydrological                        | <input type="checkbox"/> Other (Specify) _____ |



**Section II**

Key Principal or Primary Contact (Required)

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

\_\_\_\_\_  
Email Address Professional Role Within Firm

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 Professional Role Within Firm

\_\_\_\_\_  
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

**Return the completed application to:** ACEC/ND  
PO Box 7370  
Bismarck, ND 58507-7370

**Questions?** Contact Bonnie Staiger • 701-223-3184 • [bonnie@bis.midco.net](mailto:bonnie@bis.midco.net)