



Membership Application

Firm Name

Parent Company (if branch or subsidiary)

Address

Phone

Fax

Primary Contact

E-mail

Website

Total Company-wide Personnel

Total Personnel in New Jersey

(The total average number of all permanent personnel including principals, professionals, technical, administrative and support personnel on the firm's payroll for the last calendar year. For firms with offices in other states, only the number of employees in New Jersey offices should be reported)

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 | <input type="checkbox"/> Limited Liability Corporation (LLC) |
| <input type="checkbox"/> Public | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Private | <input type="checkbox"/> Sole Proprietorship |

If Corporation, Certificate of Authorization Number

Firm Description (Briefly describe firm's activities; expand if necessary):

--

If your firm is a subsidiary, branch or part of a conglomerate organization, or if you are engaged in other than Professional Engineering activities, in part, please indicate so and provide a description of these activities in an attachment to this application.

Typical Clients:

Name	Contact Information

References that have personal knowledge of the firm's practice:

Name	Contact Information

Professional Engineering licenses held by Principals of the firm:

Member	State	License Number	Date Issued

Professional Organizations or Technical Societies to which the firm or its members belong:

Organization or Technical Society	Individual Member

Firm Members (include key principals and officers of the firm as well as members who would participate in ACECNJ activities):

Name	Title	Email & Contact Information

Firm Certification:

I hereby certify that my firm is engaged in the independent practice of professional engineering, that one of the principals is a registered professional engineer in the State of New Jersey and I pledge to uphold the Professional and Ethical Conduct Guidelines.

Signed**Firm**

Upon approval, your firm will receive a Dues Invoice for the balance of the fiscal year (ending June 30). This invoice will be due and payable upon receipt.

Contact Joseph Fiordaliso, President for any question or clarifications. Please forward completed application to address below. Or submit form electronically via email or fax.

**American Council of Engineering Companies of New Jersey
Attn: Joseph Fiordaliso
310 West State Street Trenton, NJ 08618
(609) 571-9958
www.acecnj.org
info@acecnj.org**