

# OHIO MEMBERSHIP APPLICATION



**FIRM NAME**

**IF BRANCH OR SUBSIDIARY, NAME OF PARENT COMPANY**

**ADDRESS**

**CITY**

**STATE**

**ZIPCODE**

**PHONE NUMBER**

**WEBSITE**

**NUMBER OF FULL-TIME  
EMPLOYEES IN ALL  
OHIO OFFICES**

## Official firm representative

**NAME**

**TITLE**

**EMAIL**

**PROFESSIONAL ROLE IN FIRM**

## Other members to receive ACEC Ohio communications

**NAME**

**TITLE**

**EMAIL**

**PROFESSIONAL ROLE IN FIRM**

**NAME**

**TITLE**

**EMAIL**

**PROFESSIONAL ROLE IN FIRM**

| NAME  | TITLE                     |
|-------|---------------------------|
|       |                           |
| EMAIL | PROFESSIONAL ROLE IN FIRM |
|       |                           |

**Business organization type/ownership (check one)**

|  |   |
|--|---|
| <input type="radio"/> Cooperative              | <input type="radio"/> Joint Venture                   |
| <input type="radio"/> Corporation              | <input type="radio"/> Limited Partnership             |
| <input type="radio"/> Subchapter S Corporation | <input type="radio"/> Limited Liability Company (LLC) |
| <input type="radio"/> Public                   | <input type="radio"/> Partnership                     |
| <input type="radio"/> Private                  | <input type="radio"/> Sole Proprietorship             |

**Minority status/special business classifications (check all that apply)**

|  |   |
|--|---|
| <input type="radio"/> Certified Small Business           | <input type="radio"/> Disadvantaged Business Enterprise (DBE) |
| <input type="radio"/> Minority Business Enterprise (MBE) | <input type="radio"/> Service Disabled Veteran Owned Business |
| <input type="radio"/> Women's Business Enterprise (WBE)  |   |

|  |  |
|--|--|
| <b>CERTIFICATE OF AUTHORIZATION NUMBER</b><br><i>(OR P.E. LICENSE NUMBER IF SOLE PROPRIETORSHIP)</i> |  |
|--|--|

**FIRM DESCRIPTION (BRIEF DESCRIPTION OF THE FIRM'S ACTIVITIES IN 50 WORDS OR LESS)**

**Disciplines: Please indicate which services this firm is qualified to provide in-house**

- |  |  |
|--|--|
| <input type="radio"/> Acoustical/Air/Noise/Vibration | <input type="radio"/> Industrial                     |
| <input type="radio"/> Architectural                  | <input type="radio"/> IT/Communications Systems      |
| <input type="radio"/> Chemical                       | <input type="radio"/> Laboratory Research Facilities |
| <input type="radio"/> Civil - Aviation               | <input type="radio"/> Land Development               |
| <input type="radio"/> Civil - General Municipal      | <input type="radio"/> Marine & Coastal               |
| <input type="radio"/> Civil - Structural             | <input type="radio"/> Materials Handling             |
| <input type="radio"/> Civil - Transportation         | <input type="radio"/> Mechanical                     |
| <input type="radio"/> Construction Management        | <input type="radio"/> Mining                         |
| <input type="radio"/> Electrical                     | <input type="radio"/> Nuclear/Petroleum/Energy       |
| <input type="radio"/> Environmental                  | <input type="radio"/> Planning                       |
| <input type="radio"/> Fire/Earthquake/Hazards/Safety | <input type="radio"/> Plumbing                       |
| <input type="radio"/> Forensic                       | <input type="radio"/> Surveying/GIS/Mapping          |
| <input type="radio"/> Geotechnical                   | <input type="radio"/> Water/Wastewater               |
| <input type="radio"/> Hydrology/Hydrogeology         |  |

**PERCENTAGE OF YOUR FIRM'S REVENUE THAT COMES DIRECTLY OR INDIRECTLY FROM PUBLIC SECTOR CLIENTS:**

%

**PERCENTAGE OF YOUR FIRM'S REVENUE THAT COMES DIRECTLY OR INDIRECTLY FROM PRIVATE SECTOR CLIENTS:**

%

ARE YOU JOINING TO PARTICIPATE IN ACEC'S LIFE/HEALTH TRUST?  Yes  No

ARE YOU AN ACEC MEMBER IN OTHER STATES?  Yes  No  Unsure

IF YES, WHERE? \_\_\_\_\_

I hereby certify that my firm is engaged in the independent practice of consulting engineering in compliance with the laws of the state of Ohio.

Signature of principal \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Mail completed application to:**

American Council of Engineering Companies of Ohio  
1650 Lake Shore Drive, Suite 200  
Columbus, OH 43204

**Questions?**

Call 614-487-8844 or email [info@acecohio.org](mailto:info@acecohio.org)



AMERICAN COUNCIL OF ENGINEERING COMPANIES  
of Ohio