



AMERICAN COUNCIL OF ENGINEERING COMPANIES  
*of Mississippi*

## Membership Application

### Section I

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

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Fax \_\_\_\_\_

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:

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**Minority Status:**

- Certified Small Business
- Disadvantaged Business Enterprise
- Minority Business Enterprise
- Service Disabled Veteran Owned Business
- Women’s Business Enterprise
- Emerging Small Business

**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:

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

**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:



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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 membership application and \$35 application fee to:**

**ACEC/MS  
3900 Lakeland Drive, Suite 201  
Flowood, MS 39232**

\*ACEC/MS dues are not deductible as a charitable contribution but may be deducted as a business expense.

**Questions?** Contact Erica Jolley • 601-420-2002 • staff@acecms.org • 601-420-2315 (fax)  
3900 Lakeland Drive, Suite 201 • Flowood, MS 39232  
(601) 420-2002 Phone • (601) 420-2315 Fax • www.acecms.org