

I. Firm Name: _____
 Street Address: _____
 City, State, Zip Code: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Business Phone: _____ Fax: _____
 Firm Email Address: _____ URL: _____

II. Do you have other offices in California? Yes (Please provide info on next page) No

III.	<u>Principal Name or Manager-Designee</u>	<u>Registration & License Number</u>	<u>Email address</u>
1.	_____	_____	_____
	<i>Home Address (Optional)*: _____</i>		
2.	_____	_____	_____
	<i>Home Address (Optional)*: _____</i>		

Please list additional Principals on the second page

**This assists our government relations program by allowing us to identify your local representatives and will not be released to any third party.*

IV. HR Manager: _____ Email Address: _____
 CEO/CFO: _____ Email Address: _____
 Gov't Affairs: _____ Email Address: _____
 Firm's Attorney: _____ Email Address: _____

V. Total FTE personnel in this office: _____ Total FTE personnel in all of California: _____
"Full-Time Equivalent" (FTE) personnel = all hours of service for a four week period provided by all payroll and contract employees, owners, principals and managers in all California offices of the firm divided by 160.

VI. State nature and scope of firm's business activities for reprinting in the Membership Directory and Update. *Stress specialties using 50 words or less. Use back if necessary. ACEC California reserves the right to edit material submitted for printing.*

VII. A portion of your dues goes to the **ACEC California Political Action Committee (ACEC-CA-PAC)**. The PAC enables member firms to effectively participate in the political process, pooling donations and supporting worthy candidates in a unified and coordinated fashion.

Contribution to the ACEC-CA-PAC does not constitute additional dues. If you opt-out, this portion of your dues will instead go to ACEC California's general fund. For more information on ACEC-CA-PAC, contact Brad Diede at 916-441-7991.

Please indicate the designated contact from your firm for CA-ACEC-PAC relations:

I would like to opt-out of ACEC-CA-PAC contributions

VIII. Please specify if your firm is certified as one of the following:

- | | |
|--|---|
| <input type="checkbox"/> Disadvantaged Business Enterprise (DBE) | <input type="checkbox"/> Minority owned Business Enterprise (MBE) |
| <input type="checkbox"/> Woman-Owned Business Enterprise (WBE) | <input type="checkbox"/> Disadvantaged Veteran Business Enterprise (DVBE) |
| <input type="checkbox"/> Certified Small Business (CSBE) | <input type="checkbox"/> Limited Liability Corporation (LLC) |

IX. ACEC California member who first talked with you about membership: _____

X. Additional Offices and Principals (if necessary):

Principal Name or
Manager-Designee

Registration &
License Number

Email address

1. _____

Home Address (Optional)*: _____

Street Address: _____

City, State, Zip Code: _____ Office FTE: _____

2. _____

Home Address (Optional)*: _____

Street Address: _____

City, State, Zip Code: _____ Office FTE: _____

3. _____

Home Address (Optional)*: _____

Street Address: _____

City, State, Zip Code: _____ Office FTE: _____

XI. Signature of Principal: _____ Date: _____

Please return this application to:

ACEC California, 1303 J Street, Suite 450, Sacramento, CA 95814 • Fax: 916-441-6312 • Phone: 916-441-7991

(FOR ACEC California USE ONLY)

Membership Approval by: _____ Date: _____

Chapter Officer signature

Name and Title (Please print): _____