

ACEC *Arizona*

Application for Membership

Firm Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-Mail _____ Website _____

Headquarters Office Location _____

Arizona Branch Office(s) With Address, Phone, etc. _____

Engineering Discipline(s) _____

Description of Firm Activities _____

Managing Principal _____

Key Staff To Receive ACEC/AZ Newsletter _____

Total Number of Full -Time Employees in Arizona _____

Principal Signature _____ Date _____

Dues are payable on either a quarterly or annual basis. A copy of the current rate schedule is available at www.acecaz.org or call the ACEC AZ office for a copy.

Please check one: Quarterly, or Annual Dues Payment Requested.

Return Application to: **ACEC of Arizona**, 1309 East Echo Lane, Phoenix, AZ 85020

Questions? Call 1-800/982-5986 or 602/995-2187. Fax 602/995-2218.

E-Mail: engineers@acecaz.org Website: www.acecaz.org