



I. Firm Name: _____
 Street Address: _____
 City, State, Zip Code: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Business Phone: _____ Fax: _____
 Firm E-mail Address: _____ Web Site: _____
 Chapter: _____

II.	<u>Principal Name or Manager-Designee</u>	<u>Registration & License Number</u>	<u>Other State Registrations</u>	<u>Individual E-Mail(s)</u>
1.	_____	_____	_____	_____
	<i>Home Address (Optional)*:</i> _____			
2.	_____	_____	_____	_____
	<i>Home Address (Optional)*:</i> _____			
3.	_____	_____	_____	_____
	<i>Home Address (Optional)*:</i> _____			
4.	_____	_____	_____	_____
	<i>Home Address (Optional)*:</i> _____			

III. Total FTE personnel in this branch office: _____
"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

IV. Signature of Principal: _____ Date: _____

** Your home address assists our government relations program by allowing us to identify your local representatives. ACEC California will not release your home address to any third party. For more information, contact ACEC CA Membership at 916-441-7991.*

**Please mail or fax 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