



APPLICATION FOR MEMBERSHIP

Contact _____ Title _____

Firm Name _____

Address _____ E-Mail _____

City _____ State _____ ZIP _____

Phone _____ FAX _____ Website _____

No. of Employees in Dallas Office _____ P.E. Registration # _____ TBPE Firm Registration# _____

Legal Form of Business: _____ Corporation _____ Partnership _____ Sole Prop.

Names/Titles of Individual Members Being Nominated by the Firm for Membership:

Provide Name, Title, Phone and Emails for associates you want listed in the contact directory/distribution list

References from Two Dallas CEC Members (Required) - Firm Name & Address:

List in 25 Words or Less the Main Activities of Your Firm: _____

Please indicate which of the following services your firm provides. Include only In-House capability by virtue of experience and having a principal registered in that specific field:

Acoustical Architectural Civil Electrical Environmental Geotechnical Industrial Mechanical Structural Surveying

Chemical Metallurgical Petroleum Energy Minority Status _____

I certify that my principle source of earned income is from the practice of Consulting Engineering: That I am either an Owner, Partner, Shareholder or Director and that I am licensed to practice engineering in the state of Texas. I hereby agree to abide by the terms and conditions of the Dallas Council of Engineering Companies By-Laws, *including payment of dues and special assessments.*

Signed _____ Date _____

Title _____

Dues will be billed quarterly after application is approved.