



**American Council of Engineering Companies of South Carolina  
Application for Affiliate Membership**

Name of Firm: \_\_\_\_\_

Business Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: (If Different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Field of Service: \_\_\_\_\_

Website: \_\_\_\_\_

**(Please attach brochure or other literature describing services)**

Firm Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

**Sponsor:** One ACEC-SC member firm principal who is familiar with your firm and endorses your application for Affiliate Membership.

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

**Certification:** By signing below, the applicant agrees to uphold the Bylaws and Policies and Procedures of ACEC-SC, as they apply to Affiliate Members (Should the applicant firm be accepted for Affiliate Membership). See enclosed Bylaws.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Annual Dues: \$500.00-Payable to American Council of Engineering Companies of SC.**

ACEC-SC Office Use Only	
Received: _____	ACEC-SC Accepted: _____