



TEXAS COUNCIL OF ENGINEERING COMPANIES

1001 Congress Ave., Suite 200 • Austin, Texas 78701 • Phone 512-474-1474 • Fax: 512-474-1490 • www.cectexas.org

MEMBERSHIP APPLICATION

Contact Name _____ Title _____

Firm Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____ Website _____

No. of Employees in Texas _____ PE Registration # _____ TBPE Firm Registration # _____

Legal Form of Business: _____ Corporation _____ Sole Proprietorship _____ Partnership

Firm Description: Briefly describe the firm's activities. (Attach an additional sheet if necessary)

Special Business Classifications (Optional):

- | | |
|--|--|
| <input type="checkbox"/> Certified Small Business | <input type="checkbox"/> Minority Business Enterprise |
| <input type="checkbox"/> Emerging Small Business | <input type="checkbox"/> Service Disabled Veteran Owned Business |
| <input type="checkbox"/> Disadvantaged Business Enterprise | <input type="checkbox"/> Women's Business Enterprise |

Company Disciplines: Please indicate which of the following disciplines are practiced by your firm

- | | |
|---|--|
| <input type="checkbox"/> Agricultural/Biological Engineering | <input type="checkbox"/> Geotechnical |
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Hydrological |
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Civil – General | <input type="checkbox"/> Land Development |
| <input type="checkbox"/> Civil – Structural | <input type="checkbox"/> Marine & Coastal |
| <input type="checkbox"/> Civil – Transportation | <input type="checkbox"/> Materials Handling |
| <input type="checkbox"/> Computer / Communications Systems | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Construction Management | <input type="checkbox"/> Mining/Materials |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Nuclear |
| <input type="checkbox"/> Energy / Petroleum / Oil & Gas | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Process |
| <input type="checkbox"/> Fire / Earthquake / Hazards / Safety | <input type="checkbox"/> Surveying / GIS / Mapping |
| <input type="checkbox"/> Forensic | <input type="checkbox"/> Water / Wastewater |

Key Accounting Principal: Required (who in your office/firm receives the dues invoice):

Full Name

Title

Email Address

Professional Role Within Firm

Add the Names of Staff Members Whom You Feel Would Benefit from Participation in Texas CEC:

Name

Email

Name

Email

Name

Email

Please List All Branch Offices with Main Contact (please use an additional sheet if necessary):

Name

Email

Address

City/St/Zip

Name

Email

Address

City/St/Zip

Please Indicate Which Local Chapters of Texas CEC Your Firm Would Like to be Involved With:

Central Texas Dallas El Paso Houston San Antonio Tarrant County

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

Signed _____ Date _____

Title _____

Questions? Please Contact Michael Hancock at 512-474-1474 or via email at mike@cectexas.org

Please include \$25.00 as a processing fee with this application. Dues will be billed quarterly after application is approved. Please allow 2 - 3 days for approval.

For Office Use Only:

Firm
 Branch

Pay Direct
 MO Incentive - Fill in percentage: _____