



# National Council of Acoustical Consultants

*“Enhancing the stature and effectiveness of the acoustical consulting profession for the mutual benefit of the public and the member firms.”*

## APPLICATION FOR MEMBERSHIP (Please type or print the requested information)

Please complete the following application to the best of your ability. If you are uncertain how to answer any specific question, please provide a written explanation or contact the NCAC office for assistance. Any explanation or additional information required may be provided on separate attached sheets.

The name listed and referred to as the **“applicant”** on this form is the company (or business unit within a larger company) applying for membership into the NCAC. This may be the name of a larger organization that includes the acoustical consulting staff, provided such larger organization does not include other acoustical consulting staff that is not part of the NCAC membership. In such cases, the name must be specific to the staff accepted for NCAC membership. The applicant’s name is not the name of an individual person unless the company name or business unit name happens to be the name of a person.

Applicants must meet all requirements in Article II.B and II.C of the NCAC Bylaws in order to be accepted as a Firm Member of NCAC.

1. Firm Name: \_\_\_\_\_  
 Main Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Providence/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Web Site: \_\_\_\_\_  
 Division or Branch of: \_\_\_\_\_

2. Date applicant was established: \_\_\_\_\_

3. If the applicant is the outgrowth of some other business, (such as the split-up of a partnership) please explain and provide the name and address of the other business and the approximate date of establishment of the other business.

Name of other business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Date of Establishment: \_\_\_\_\_

4. Do the applicant’s “NCAC Principals” as defined in Article II.C of the NCAC Bylaws work full-time for the applicant? YES \_\_\_ NO \_\_\_\_\_ If no, please explain. For example, is one or more of the principals an educator or a full-time or part-time employee of some other organization?

\_\_\_\_\_  
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5. Is the applicant in any way affiliated with any other business entity? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain the relationship and identify the entity, including the activities in which the entity is engaged.

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\_\_\_\_\_

\_\_\_\_\_

6. Does the applicant have any branch offices? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please identify the location(s) of the branch office(s) and the name(s) if different from that given in response to Item #1 above. (Please copy and use additional pages if more than three branches.). *Note: To be listed in the NCAC directory, Branch offices must be staffed by a resident NCAC Principal or Individual Member.*

<b>Branch 1</b>	Address: _____
	City: _____ Providence/State: _____ Zip: _____
	Tel: _____ Fax: _____
	Branch Contact Person: _____
	Contact Email: _____
	Is Branch Contact a proposed NCAC Principal? YES _____ NO _____ If no, is the branch contact an acoustical consultant who is a full member or fellow of ASA, INCE, or AES, or a licensed professional engineer based on their qualifications in acoustics? YES _____ NO _____

<b>Branch 2</b>	Address: _____
	City: _____ Providence/State: _____ Zip: _____
	Tel: _____ Fax: _____
	Branch Contact Person: _____
	Contact Email: _____
	Is Branch Contact a proposed NCAC Principal? YES _____ NO _____ If no, is the branch contact an acoustical consultant who is a full member or fellow of ASA, INCE, or AES, or a licensed professional engineer based on their qualifications in acoustics? YES _____ NO _____

<b>Branch 3</b>	Address: _____
	City: _____ Providence/State: _____ Zip: _____
	Tel: _____ Fax: _____
	Branch Contact Person: _____
	Contact Email: _____
	Is Branch Contact a proposed NCAC Principal? YES _____ NO _____ If no, is the branch contact an acoustical consultant who is a full member or fellow of ASA, INCE, or AES, or a licensed professional engineer based on their qualifications in acoustics? YES _____ NO _____

7. Is applicant or any of its principals, owners or employees in any way affiliated or associated with the manufacture or distribution of products of any type, or with any organization which manufactures and or distributes products of any type? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain.

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8. Within the past 2 years, on average has 50% or more of the applicant's annual acoustical consulting revenue been the result of work performed for a single client? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain.

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9. Identify the area(s) of acoustical consulting services provided:

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|--|---|
| <input type="checkbox"/> Aircraft Noise Assessment                             | <input type="checkbox"/> Multimedia & TV Systems Design     |
| <input type="checkbox"/> Architectural Acoustics                               | <input type="checkbox"/> Open-Plan Office Acoustical Design |
| <input type="checkbox"/> Community Noise Surveys                               | <input type="checkbox"/> Product Noise Control              |
| <input type="checkbox"/> Electroacoustical System Design                       | <input type="checkbox"/> Product Sound Design               |
| <input type="checkbox"/> Environmental Impact Statements                       | <input type="checkbox"/> Seismic Response Analysis          |
| <input type="checkbox"/> Expert Witness  | <input type="checkbox"/> Theatre and Concert Halls          |
| <input type="checkbox"/> Field Testing   | <input type="checkbox"/> Transportation Noise Control       |
| <input type="checkbox"/> Forensic Acoustics                                    | <input type="checkbox"/> Underwater Acoustics               |
| <input type="checkbox"/> Hearing Conservation Service                          | <input type="checkbox"/> Vibration Analysis and Control     |
| <input type="checkbox"/> Industrial Noise Control                              |   |
| <input type="checkbox"/> Mechanical System and HVAC                            |   |
| <input type="checkbox"/> Other acoustical consulting services not listed _____ |   |

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10. Please identify any non-acoustical services performed by applicant.

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11. Applicants for Firm Membership must disclose all acoustical consulting principals and identify if they are involved in technical and/or financial management of the firm. At least one person providing acoustical consulting services must be involved in the financial management of the firm. Technical management includes recruiting, training, and supervision of competent staff and assuring the firm uses proper methods for calculations and measurements to yield appropriate guidance to clients. Financial management includes managing resources and recruiting business to assure that the Firm Member is financially successful. Please list the name of each of the applicant's principals actively engaged in acoustical consulting and, for each, list the college degrees held, including the name of the college and year the degree was received, any professional registrations (type and states involved), and other degrees held. Each principal is required to be a full member or fellow of either the Acoustical Society of America, the Institute of Noise Control Engineering USA, the Audio Engineering Society or licensed as an Engineer based specifically on knowledge and experience in acoustics in the jurisdiction where the individual is located. Please attach separate sheet if there are more than three Principals.

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Principal Name

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Degrees, Licenses and/or Registrations

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Office City and State

Email Address

Full Member or Fellow of (check all that apply):  ASA  INCE USA  AES  PE

Individual is Responsible for  Technical Management  Financial Management  Both  Neither

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Principal Name

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Degrees, Licenses and/or Registrations

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Office City and State

Email Address

Full Member or Fellow of (check all that apply):  ASA  INCE USA  AES  PE

Individual is Responsible for  Technical Management  Financial Management  Both  Neither

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Principal Name

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Degrees, Licenses and/or Registrations

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Office City and State

Email Address

Full Member or Fellow of (check all that apply):  ASA  INCE USA  AES  PE

Individual is Responsible for  Technical Management  Financial Management  Both  Neither

12. Please provide at least two professional references, including their name, firm, address, and telephone number. Both references must be a principal of a current NCAC Member Firm or an Individual Member of NCAC. Send both of the enclosed reference forms with the reference's information to the NCAC office with your membership application.

1) \_\_\_\_\_ 2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Please provide three client contacts for whom you have worked in the past year and who NCAC can contact as references. Please provide telephone numbers.

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

14. Total number of employees supporting the applicant's acoustical consulting business \_\_\_\_\_

15. Please attach to this application promotional literature about your firm, resumes of principals and key staff members and such other information which you believe will help guide the NCAC Membership Committee in making its recommendation to the NCAC Board of Directors.

16. By signature below, the undersigned warrants that: He or she is a duly-authorized representative of the applicant; that the information provided is true to the best of his or her knowledge, and that he or she has read the applicable NCAC Bylaws section and Cannon of Ethics and agrees that all employees of the applicant will abide by same to the best of their ability should the applicant be elected to membership.

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

Print Name: \_\_\_\_\_

Once you have completed this form, please return it to NCAC, 3502 Woodview Trace, Suite 300, Indianapolis, IN 46268. An Application Fee of \$100 **MUST** accompany the form. Please send a check payable to NCAC. The fee is refundable in the event your firm is not elected to membership.