



To ensure our records are up to date, please complete the form below and return to info@acec-nb.ca
PRIOR TO DECEMBER 31, 2020.

Firm Name:

Average of total number of equivalent full-time employees* (in **New Brunswick only**) for the **2020** calendar year: _____

* **Employees include all personnel on payroll including those under contract, part & full-time, partners, technical and administrative staff**

Voting Representative(s)		Name	Email
up to 4 employees	1 st name		
5 to 20 employees	2 nd name		
21 to 50 employees	3 rd name		
50 to 100 employees	4 th name		
101 to 200+ employees	5 th name		

Is your Canadian head office located in New Brunswick? Yes No

Please note any changes from last year in firm name, address, telephone, e-mail, etc: _____ **Same as last year:**

Head Office

Address: _____

Office Address

in NB: _____

Telephone Number

Primary Contact Name:

_____ **Email:** _____

Young Professional (YP) Contact Name:

_____ **Email:** _____

Communications Contact Name

(if different from Primary Contact):

_____ **Email:** _____

Accounting Department Contact Name:

_____ **Email:** _____

Date _____

Signed _____

(Please print name) _____