



ACRP Membership
APPLICATION FORM

COMPANY NAME:

TITLE:

PRIMARY MEMBER NAME:

ADDITIONAL MEMBER NAME:

ADDRESS:

CITY: STATE:

ZIP / POSTAL CODE: E-MAIL:

PHONE: FAX:

MEMBERSHIP CATEGORY (Select One):

- Professional Member:** an individual or entity that provides crane, rigging or lift equipment training, consulting, engineering, inspection or related services for hire as it's primary revenue source.
- Corporate Member:** an individual or entity that provides crane, rigging or lift equipment training, consulting, engineering, inspection or related services; not for hire but for fellow employees of a single employer, as an in-house service.
- Associate Member:** an individual or entity that does not qualify as a professional or corporate member, but has an interest in the crane, rigging and lift equipment industries and the work of the ACRP.

Annual Membership Dues

\$495 - primary member per year
\$135 - each additional member from the same organization

Payment Method: Check (payable to "ACRP") AMOUNT (USD):

Visa Mastercard American Express

Credit Card Number:

Expiration Date:

Name of Card:

Signature: Date:

Association of Crane & Rigging Professionals
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Novi, Michigan 48377

Phone: 800.690.3921

Fax: 248.994.4313

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