



# Association of Crane & Rigging Professionals

## Membership Application Form

Company Name: \_\_\_\_\_ Website: \_\_\_\_\_

Primary Member Name: \_\_\_\_\_ Title: \_\_\_\_\_

Additional Member Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

### Membership Category (Select One):

- Instruction:*  Members whose majority of work activity is to provide training and educational services.
- Engineering:*  Members whose majority of work activity is to provide engineering.
- Field Operations:*  Members whose majority of work activity is to oversee or conduct load handling activities.
- HSE:*  Members whose majority of work activity is to provide health, safety and environmental services.
- Associate:*  Members whose majority of work activity involves business management, professional services, marketing, sales or manufacturing.

How did you hear about ACRP?

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### Annual Membership Dues

\$525.00 – primary member per calendar year

\$165.00 – each additional member from the same organization

Membership invoice can be paid on-line by credit card (3% processing fee) or a check mailed to the below address

Email Address for Invoice: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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