



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: _____ Country: _____

Phone: _____ Email Address: _____

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?

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 or by check mailed to the below address

Email Address for Invoice: _____

Signature: _____ Date: _____