



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 Member:* Members whose majority of work activity involves business management, professional services, marketing, sales or manufacturing.

Annual Membership Dues

\$495.00 – primary member per calendar year

\$165.00 – each additional member from the same organization

Payment Method (all funds are USD): Check (payable to “ACRP”) Check # _____

Visa MasterCard American Express All Credit Card Payments add 3%

Credit Card #: _____ Expiration Date: _____

Name on Card / Signature: _____ Date: _____

Association of Crane & Rigging Professionals

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