

MEMBERSHIP APPLICATION

We hereby apply for membership in the Chicagoland Crane Association on behalf of our firm. If approved, we will abide by its by-laws, support its objectives and pay the dues established for the appropriate class of membership.

Company _				
Address _			 	
City/State/Zip _			 	
Telephone _		Fax	 Cell	
Official Representa	tive		 	
Official Rep's Title (must be Owner, Pr	esident or Officer)		 	
Official Rep's Email			 	
Alternate Represen	tative			
Alt. Rep's Title (must be Owner, Pr	esident or Officer)			
Alt. Rep's Email				

Please check whether you are applying as a Regular Member or an Associate Member (Associate Member is defined on page 2 of the application).

REGULAR MEMBER (Annual Dues based on number of Full-Time Crane Operators) A Regular Member is any corporation, firm, limited liability company, partnership, or sole proprietor that is licensed to do business in the State of Illinois and is signatory to IUOE Local 150 and is a crane rental company.

- □ 1-25 full-time crane operators \$300.00/year
- □ 26-50 full time crane operators \$450.00/year
- □ More than 50 full-time crane operators \$600.00/year

ASSOCIATE MEMBER (\$600 Annual Dues)

An Associate Member is any corporation, firm, limited liability company, partnership or sole proprietor that provides equipment, supplies or services to the crane rental industry. Associate Members shall enjoy all the rights and privileges of Regular Members, except they may not be elected to serve as President, Vice President or Secretary/Treasurer.

TYPE OF BUSINESS (Briefly describe the products, services and/or operations of your firm)

The undersigned acknowledges that he or she is an executive officer of the above company and is authorized to apply for membership.

Signature	
Print Name	
Title	
Date	

Please return your completed application to the CCA Office. You will be notified within ten (10) business days of the status of your application. Thank you.