

# Chicagoland Crane Association

## 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 \_\_\_\_\_ Website \_\_\_\_\_

Official Representative: \_\_\_\_\_ Official Rep's Title \_\_\_\_\_  
(must be Owner, President or Officer)

Official Rep's Email \_\_\_\_\_

Alternate Representative: \_\_\_\_\_ Alt. Rep's Title \_\_\_\_\_  
(must be Owner, President or Officer)

Alt. Rep's Email \_\_\_\_\_

\_\_\_\_\_ **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

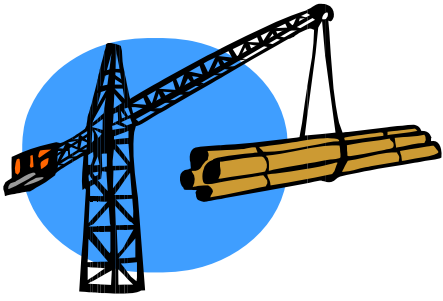
More than 50 full-time crane operators \$600.00/year

\_\_\_\_\_ **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 Member 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 and/or services or operations of your firm):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Chicagoland Crane Association

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

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

Title: \_\_\_\_\_

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

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Enclosed please find our check for membership dues.

Please charge my credit card in the amount of \_\_\_\_\_ for membership dues.

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

Credit Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

CVV Code: \_\_\_\_\_

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

Email: \_\_\_\_\_