



# New Member Application

## COMPANY INFORMATION

*(Please type or print legibly)*

Company		
Primary Contact Name <i>(will be listed in Membership Directory)</i>		
Title		
Physical Address		
City		
State/Province	Zip/Postal Code	Country
Mailing Address <i>(if different than physical address)</i>		
City		
State/Province	Zip/Postal Code	Country
Telephone	Fax	
Email Address of Primary Contact		
Website		
<p><b>Please provide up to two additional company contacts and select the SC&amp;RA communications that they will receive.</b>  <b>Additional contacts may be added upon request by contacting Jason Bell at <a href="mailto:jbelle@scranet.org">jbelle@scranet.org</a> or (703) 698-0291</b></p>		
NAME		EMAIL
<input type="checkbox"/> Weekly Newsletter <input type="checkbox"/> Safety <input type="checkbox"/> Meetings <input type="checkbox"/> Products <input type="checkbox"/> Affinity Programs <input type="checkbox"/> Permitting		
NAME		EMAIL
<input type="checkbox"/> Weekly Newsletter <input type="checkbox"/> Safety <input type="checkbox"/> Meetings <input type="checkbox"/> Products <input type="checkbox"/> Affinity Programs <input type="checkbox"/> Permitting		
<b>What prompted you to join SC&amp;RA?</b> <i>(check all that apply)</i> <input type="checkbox"/> Support Industry Advocacy <input type="checkbox"/> Affinity Programs <input type="checkbox"/> Volunteer Opportunities <input type="checkbox"/> Advertising <input type="checkbox"/> Networking <input type="checkbox"/> Events <input type="checkbox"/> Education <input type="checkbox"/> Other: _____		
<b>How did you hear about SC&amp;RA?</b> <i>(check one)</i> <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> SC&RA Info Pack <input type="checkbox"/> Insurance <input type="checkbox"/> Other: _____		
<b>If you were referred to join SC&amp;RA, please list the name of the person and company so they may be recognized:</b>		
NAME _____		
COMPANY _____		

## DIRECTORY INFORMATION

Additional premium options may be purchased at a later time.

**TYPE OF BUSINESS:** Choose either from *Industry* or *Allied* — please select only one.

### INDUSTRY (Check One)

**A** (Transportation)  **B** (Crane & Rigging/Transportation)  **C** (Crane & Rigging)

If you selected an **Industry Code** as your type of business, please check all that apply from the following:

**C** (Crane & Rigging Service)  **I** (International)  **M** (Millwrighting)  **O** (Oil Field Hauler)  **S** (Steel Carrier)  **T** (Transportation)

### ALLIED (Check One)

**D** (Allied Transportation)  **E** (Allied Crane & Rigging/Transportation)  **F** (Allied Crane & Rigging)

If you selected an **Allied Code** as your type of business, please check all that apply from the following:

<input type="checkbox"/> <b>A</b> Auction Services	<input type="checkbox"/> <b>I</b> Consultants-Software	<input type="checkbox"/> <b>Q</b> Permit Services
<input type="checkbox"/> <b>B</b> Brokers/Freight Forwarders	<input type="checkbox"/> <b>J</b> Crane Manufacturers	<input type="checkbox"/> <b>R</b> Truck Stop/Weigh Services
<input type="checkbox"/> <b>C</b> Consultants-Associations	<input type="checkbox"/> <b>K</b> Escort Services	<input type="checkbox"/> <b>S</b> Truck/Trailer Mfgs
<input type="checkbox"/> <b>D</b> Consultants-Engineers (Lic)	<input type="checkbox"/> <b>L</b> Consultants-Financial/Tax Services	<input type="checkbox"/> <b>T</b> Truck/Trailer Components/Services
<input type="checkbox"/> <b>E</b> Consultants-Engineering (Other)	<input type="checkbox"/> <b>M</b> Insurance Services	<input type="checkbox"/> <b>U</b> Manufacturer-Other
<input type="checkbox"/> <b>F</b> Consultants-Marine	<input type="checkbox"/> <b>N</b> Leasing, Rental, Sales	<input type="checkbox"/> <b>V</b> Consultants-Other
<input type="checkbox"/> <b>G</b> Consultants-Publications	<input type="checkbox"/> <b>O</b> Legal Services	<input type="checkbox"/> <b>W</b> Rigging Products Supplier
<input type="checkbox"/> <b>H</b> Consultants-Safety	<input type="checkbox"/> <b>P</b> Lifting Components/Services	<input type="checkbox"/> <b>X</b> Consultants-Equipment Financing

**Additional Personnel to be listed in the Membership Directory:** (optional)

NAME TITLE EMAIL (optional)

NAME TITLE EMAIL (optional)

## DUES INFORMATION

Please check a dues category based on your gross revenue from the previous year. Your dues will be pro-rated next year based upon your join date and gross revenue category.

I am a Subsidiary company for a current SC&RA member. (Dues will be billed at \$431/year).

Member: \_\_\_\_\_

### SCHEDULE OF ANNUAL DUES FOR 2016

Category	Gross Revenue Range	Regular Dues
<input type="checkbox"/> <b>A</b>	\$0 to \$499,999	\$ 664
<input type="checkbox"/> <b>B</b>	\$500,000 to \$999,999	\$ 749
<input type="checkbox"/> <b>C</b>	\$1 Million to \$1.9 Million	\$ 902
<input type="checkbox"/> <b>D</b>	\$2 Million to \$2.9 Million	\$1,141
<input type="checkbox"/> <b>E</b>	\$3 Million to \$3.9 Million	\$1,253
<input type="checkbox"/> <b>F</b>	\$4 Million to \$4.9 Million	\$1,422

Category	Gross Revenue Range	Regular Dues
<input type="checkbox"/> <b>G</b>	\$5 Million to \$6.9 Million	\$1,613
<input type="checkbox"/> <b>H</b>	\$7 Million to \$9.9 Million	\$2,154
<input type="checkbox"/> <b>I</b>	\$10 Million to \$29.9 Million	\$2,585
<input type="checkbox"/> <b>J</b>	\$30 Million to \$49.9 Million	\$3,015
<input type="checkbox"/> <b>K</b>	\$50 Million and over	\$3,449
<input type="checkbox"/> <b>L</b>	International Members	\$ 629

Subject to 1.5% increase.

## PAYMENT INFORMATION

**First Year Rate: \$595\***

After your first year of membership, annual dues will be based on the dues category you selected above.

**\*If your company was previously an SC&RA member you may not be eligible for the introductory rate.**

PLEASE PRINT CLEARLY

Payment Method:  VISA  MasterCard  American Express  Check Enclosed

Name on Card	
Credit Card No.	Expiration Date (mm/yy)
Signature	

Please submit your application to:

**Specialized Carriers & Rigging Association**  
5870 Trinity Parkway, Suite 200  
Centreville, VA 20120  
PHONE (703) 698-0291  
FAX (703) 698-0297  
EMAIL info@scranet.org  
WEBSITE www.scranet.org

**Welcome to SC&RA!** Upon receipt of your application, SC&RA staff will send you a membership welcome packet complete with a Membership Directory, a free SC&RA meeting registration coupon and more.

### MEMBERS ONLY PROGRAMS

Would you like to know more about these Members-Only programs?  
Yes, please contact me with more information about:

- NBIS – the member insurance and risk management program.
- Healthcare and Benefits program managed by Association Benefit Resources.
- FedEx Shipping – discounted shipping.
- Enterprise/National – reduced car rental rates.