

MEMBERSHIP APPLICATION

CAMPC Industry Partner



General Information

Company Name _____ Year Founded _____ Join Date _____
Mailing Address _____ City _____ State _____ Zip _____
Physical Address _____ City _____ State _____ Zip _____
Billing Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Toll Free _____
Website _____ Number of Employees _____

Other Offices

Company Name (if different) _____
Address _____ City _____ State _____ Zip _____ Contact _____
Title _____ Phone _____
Fax _____ Toll Free _____

Contacts

Name	Title	Email	Phone	Email*
Primary: _____				<input type="checkbox"/>
HR/Benefits: _____				<input type="checkbox"/>
Bus Dev/Mktg: _____				<input type="checkbox"/>
Education/Training: _____				<input type="checkbox"/>
Other (please specify): _____				<input type="checkbox"/>

*Check to include in email distributions

Online Membership Directory Company Description

Describe the type of work or service you provide. (20 words or less)

Member Classification

Professional: Any firm providing professional services to a contractor or supplier

Supplier: Any firm furnishing equipment, material or supplies to a contractor

Professional Firm Supplier

Member Classification— please circle

Manufacturer Manufacturer's Rep Wholesalers Supply House
Business Needs Inspector Other - Please indicate: _____

Status— please circle

MBE WBE SBE Veteran-Owned 8A LEED Certified

How did you hear about CAMPC?

This application must be completed in its entirety, signed and dated. By submitting this application, the firm agrees to conform to the constitution and by-laws of the association. While contributions of gifts to CAMPC are not deductible as charitable contributions for US income tax purposes, they may be tax deductible under other provisions of the Internal Revenue Code. It is estimated that four percent (4%) of your dues constitute lobbying efforts and expenses.

Signature _____ Date _____

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	Established Benefit	<u>Supporter</u> \$495	<u>Advocate</u> \$995	<u>Champion</u> \$1,995	
CONNECT	Recognized as a CAMPC Supporter	X	X	X	
	Receive printed and online newsletters	X	X	X	
	Use of CAMPC Industry Partner Logo	X	X	X	
	Inclusion in online member directories	X	X	X	
	Access to online member information	X	X	X	
ENGAGE	Eligible to attend CAMPC events at member rate	X	X	X	
	Free registrations for Holiday Party		2 Tickets	4 Tickets	
	Free Registration at Spring/Fall Events	1 Ticket	2 Tickets	4 Tickets	
PROMOTE	Company announcements/articles included in e-newsletter	X	X	X	
	Banner ad on homepage of websites		4x per year	8x per year	
	Ad promotion on social media websites		1x per year	2x per year	
	Training Event Sponsorship		1 event	4 events	
	Print ad in Newsletter—once per year		1/4 page	Full page	
	Premier sponsor banner ad in e-newsletter			X	
	Premier listing in online member directory			X	
	Exclusivity in category			X	
	Estimated Cost Benefit		\$850	\$3,025	\$10,075

Payment Information Industry Partner Membership Levels: Supporter Advocate Champion

Check enclosed for \$_____ (Make dues payable to CAMPC)

Bill Credit Card for \$_____ Expiration ____/____ CVV _____ (Visa, MasterCard; Discover or AMEX)

Credit Card Number _____

Billing Address _____ City _____ State _____

Cardholder's Name _____ Zip _____

Cardholder's Signature _____