

# 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 \_\_\_\_\_

## Company 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)

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## 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> \$295	<u>Advocate</u> \$895	<u>Champion</u> \$1,995
<b>CONNECT</b>	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
<b>ENGAGE</b>	Eligible to attend CAMPC events at member rates— 20% Discount	X	X	X
	Free registrations for Holiday Party		2 Tickets	4 Tickets
	Free Registration at Spring/Fall Events		2 Tickets	4 Tickets
<b>PROMOTE</b>	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
	Signage at Holiday and Seasonal Events		1 event	All events
	Signage at Training Events		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
		<b>Estimated Cost Benefit</b>	<b>\$850</b>	<b>\$3,025</b>

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 \_\_\_\_\_