



2017 Commercial Construction & Renovation People (CCRP) Membership form must be completed in full and submitted to:

Commercial Construction & Renovation People (CCRP) • P.O. Box 3908 • Suwanee, GA 30024 • (P) 770.990.7702 • (F) 678.765.6551

First Name: _____ Middle Initial: _____ Last Name: _____

Title: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

I AM APPLYING FOR (Please check only one – for membership descriptions see first page)

PROFESSIONAL MEMBERSHIP Please indicate your company's PRIMARY business function (please check only one).
(Membership is complimentary)
☐ Retail ☐ Hospitality ☐ Education ☐ Corrections ☐ Healthcare ☐ Student* ☐ Other

☐ **COMPANY MEMBERSHIP** Please indicate your company's PRIMARY business function (please check only one).
(Annual Dues - \$750)
☐ Building Products ☐ Architecture/Design ☐ Construction/Contractor ☐ Executive Search ☐ Design Firm ☐ Consultants ☐ Manufacturer
☐ Marketing/Advertising/Public Relations ☐ Engineering Firm ☐ Product Supplier ☐ Facility Maintenance ☐ Other _____

☐ **ASSOCIATE MEMBERSHIP** Please indicate your company's PRIMARY business function (please check only one).
(Annual Dues - \$199)
☐ Building Products ☐ Architecture/Design ☐ Construction/Contractor ☐ Executive Search ☐ Design Firm ☐ Consultants ☐ Manufacturer
☐ Marketing/Advertising/Public Relations ☐ Engineering Firm ☐ Product Supplier ☐ Facility Maintenance ☐ Other _____

How many years have you been in the commercial construction industry? _____

QUESTIONS OR COMMENTS

• Questions regarding CCRP Membership? • Interested in co-sponsoring a CCRP Event? • Wish to invite a vendor or executive to a CCRP Event?

CONTACT

Kristen Corson, Membership Director, Commercial Construction & Renovation People (CCRP)
(P) 770.990.7702 (F) 678.765.6551 (Email) kristenc@ccr-people.com

I hereby apply for membership with Commercial Construction & Renovation People (CCRP). If granted, I will abide by the membership regulations and by-laws, supports objectives and pay the dues established by F&J Publications for my class of membership. If applying for Associate Membership, I attest that I am a salaried employee of the official member company and not a franchisee of that company.

I authorize CCRP to send announcements (via e-mail, phone or otherwise) regarding CCRP programs and services that may be of interest to me or any of my business associates.

Signature of Applicant _____ Date _____

Membership dues MUST accompany application: ☐ Check Enclosed ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Name (as it appears on card) _____ Signature _____

Account Number _____ Exp. Date _____ Security Code _____

Billing Address _____

Fax completed application to 678.765.6551 or save time and apply online at: www.ccr-people.com