



Membership Application

Company			
Name		Title	
Street Address			
City		State/Prov	
Country		ZIP/Postal Code	
Phone		Fax	
E-Mail Address		Website	

I agree on behalf of myself and any member organization I represent, to abide by SPRAT *Safe Practices for Rope Access Work* and SPRAT *Certifications Requirements for Rope Access Work*.

Signature: _____

Date: _____

Membership Categories: Indicate for which category you are applying

Organizational Memberships

- Corporate Membership Annual dues are \$950 for the first year and \$850 thereafter
 Sustaining Membership Annual dues are \$350

Individual Memberships

- Associate Membership Annual dues are \$100 for the first year and \$75 thereafter
 Subscribing Membership Annual dues are \$100 for the first year and \$45 thereafter

Payment Information

Method of payment: Check/draft in US funds Visa MasterCard American Express

Card # _____ Expiration date _____

Name on card _____

Billing address for card _____

Credit Card CVV _____

I authorize SPRAT to charge my credit card for the annual dues of the membership category for which I am applying.

Signature: _____

Date: _____

Those who submit their application after September 30th will have their payment counted towards the following year's membership dues.