



## Membership Application

Please complete the form below and either mail or fax it to:  
The National Council for Public-Private Partnerships  
2000 14<sup>th</sup> Street, North, Suite 480  
Arlington, VA 22201  
Fax: 703.469.2236  
Phone: 703.469.2233

### Please check the appropriate membership category:

- |                                                   |           |
|---------------------------------------------------|-----------|
| <input type="checkbox"/> Sustaining               | \$12,000* |
| <input type="checkbox"/> Sponsor/Private          | \$7,500*  |
| <input type="checkbox"/> Sponsor/Small Business** | \$5,000*  |
| <input type="checkbox"/> Sponsor/Public           | \$2,000*  |
| <input type="checkbox"/> General/Private          | \$2,000*  |
| <input type="checkbox"/> General/Small Business** | \$1,000*  |
| <input type="checkbox"/> General/Public (1 year)  | \$250*    |
| <input type="checkbox"/> General/Public (3 years) | \$500     |
| <input type="checkbox"/> General/Public (5 years) | \$900     |
| <input type="checkbox"/> Individual/Public***     | \$35*     |

\*All membership rates are based on an annual membership.

\*\*A company is considered a small business if its annual revenue is less than \$10 million.

\*\*\*ONLY for employees of government agencies, students or faculty

### Contact Information

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Organization

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First Name

Last Name

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Title

Email

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Street Address

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City

State

Zip

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Phone

Fax

### Payment Information:

Check Enclosed

Credit Card

Visa

MasterCard

AmEx

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Company Information:**

1) Our organization is:     a public agency             a non-profit organization             a for-profit company

2) Please check ALL industry topics/areas of expertise that apply to your organization. (This information will be used for the Council Members section on the NCPPP Web site.)

- |                                                       |                                            |                                                    |                                           |
|-------------------------------------------------------|--------------------------------------------|----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Airports                     | <input type="checkbox"/> Facility Services | <input type="checkbox"/> Legislative Issues        | <input type="checkbox"/> Research         |
| <input type="checkbox"/> Construction                 | <input type="checkbox"/> Finance           | <input type="checkbox"/> Management                | <input type="checkbox"/> Solid Waste      |
| <input type="checkbox"/> Corrections & Justice        | <input type="checkbox"/> Health Care       | <input type="checkbox"/> Public Works/Services     | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Education                    | <input type="checkbox"/> Infrastructure    | <input type="checkbox"/> Real Estate/Economic Dev. | <input type="checkbox"/> Transportation   |
| <input type="checkbox"/> Energy                       | <input type="checkbox"/> Insurance         | <input type="checkbox"/> Recreation                | <input type="checkbox"/> Utilities        |
| <input type="checkbox"/> Environment                  | <input type="checkbox"/> International     | <input type="checkbox"/> Representation            | <input type="checkbox"/> Water/Wastewater |
| <input type="checkbox"/> Other (please specify) _____ |                                            |                                                    |                                           |

3) Please provide a brief description of your organization (75 words or less). (This information will be used for the Council Members section on the NCPPP Web site.)

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4) Why did you become a member of the NCPPP?

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5) What would you like to gain from being a member of the NCPPP?

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6) How did you hear about the NCPPP? (Please check all that apply.)

NCPPP Brochure\*       NCPPP Meeting\*       NCPPP Web site       NCPPP Member\*

Other (please specify) \_\_\_\_\_

\*Please specify by title on piece or meeting or name of member \_\_\_\_\_

7) What programs would you like to see in the future?

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8) What other organizations are you currently a member?

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9) Please list any recommendations of others that may be interested in joining NCPPP. (include contact information)

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10) Please provide the information below if you are a **Sustaining or Sponsor** member. (This information will be used for the Council Members section on the NCPPP Web site.)

Corporate Web Site

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Contact Name	Title	Email
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Contact Name	Title	Email
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Contact Name	Title	Email
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11) The following are benefits that you are now able to utilize through NCPPP. Please check all categories that you would like to receive more information. The information will be emailed to you within a couple business days upon receiving the application.

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|--------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Case Study Listings     | <input type="checkbox"/> Submitting Articles      |
| <input type="checkbox"/> Banner Ads              | <input type="checkbox"/> Transportation Institute |
| <input type="checkbox"/> Water Institute         | <input type="checkbox"/> Real Estate Institute    |
| <input type="checkbox"/> International Institute | <input type="checkbox"/> Energy Institute         |