



Membership Application

The National Council for Public-Private Partnerships
 1023 15th Street NW, Suite 200
 Washington, DC
 Phone: (202) 962-0555
 Fax: (202) 289-7499
sgingrich@ncppp.org

Membership Category

- | | | | |
|--|----------|--|--------|
| <input type="checkbox"/> Sustaining | \$12,000 | <input type="checkbox"/> General/Small Business* | \$1000 |
| <input type="checkbox"/> Sponsor/Private Sector | \$7500 | <input type="checkbox"/> General/Public Sector | \$250 |
| <input type="checkbox"/> Sponsor/Small Business* | \$5000 | <input type="checkbox"/> General/Private Sector | \$2000 |
| <input type="checkbox"/> Sponsor/Public Sector | \$2000 | <input type="checkbox"/> Individual/Public Sector only | \$35 |
- *Annual revenue less than \$10 million

Member Primary Contact Information (Primary Contact to be listed in online member database)

Organization

Organization

First Name Last Name

Title Email

Street Address

City State Zip

Phone Fax

Administrative Contact (if different from above)

First Name Last Name

Title Email

Street Address

City State Zip

Phone Fax

Additional Contacts (For Sponsor and Sustaining memberships these will be added to organization's NCPPP website listing)

Contact Name Title Email

Contact Name Title Email

Contact Name Title Email

Organization Information

My organization is a: public entity non-profit entity private/for-profit entity

Please provide a brief description of your organization:

Please check industry topics/areas of expertise that apply to your organization. This information will be used in the Member Database on NCPPP's website:

- | | | | |
|--|--|---|---|
| <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"/> Healthcare | <input type="checkbox"/> Public Works/Services | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Education | <input type="checkbox"/> Infrastructure | <input type="checkbox"/> Real Estate/Econ. 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 |

Other (please specify) _____

NCPPP members may participate in our seven institutes. Please check all the institutes of which you would like to be a part. More information about the institutes can be found on our website: <http://www.ncppp.org/about/members/institutes/>

- | | | | | | | |
|---------------------------------|---|--|--|--------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Energy | <input type="checkbox"/> Federal Services | <input type="checkbox"/> Information & Communications Technology | <input type="checkbox"/> International | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Transportation | <input type="checkbox"/> Water |
|---------------------------------|---|--|--|--------------------------------------|---|--------------------------------|

Why did you become a member of NCPPP?

How did you hear about NCPPP? Please check all that apply.*

- Marketing Materials* Meeting/Workshop* Website Member*

Other (please specify) _____

*Please specify title/name _____

What programs would you like to see in the future?

Of what other organizations are you and/or your organization currently a member?

Please list any recommendations of others who may be interested in joining NCPPP. (If possible, please include contact information.)

Payment Information

Check – Please send all check payments with your application to:
C/O Signal Financial Federal Credit Union (FCU)
Lock Box D-1
PO Box 189
Kensington, MD 20895-0189

Credit card – If paying by card please submit your completed form to Susie Gingrich:
Email: sgingrich@ncppp.org
Fax: (202) 289-7499

Visa

Mastercard

American Express

Credit Card Number

Expiration Date

Security Code

Billing Zip

Name on card

Signature