



# Membership Application

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

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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/>

- Energy  Federal Services  Information & Communications Technology  International  Real Estate  Transportation  Water

Why did you become a member of NCPPP?

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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?

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

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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](mailto:sgingrich@ncppp.org)**  
**Fax: (202) 289-7499**

Visa

Mastercard

American Express

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Credit Card Number

Expiration Date

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Security Code

Billing Zip

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Name on card

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Signature