

# MEMBERSHIP APPLICATION

\* \* \* For your convenience we accept Visa & MasterCard \* \* \*

|                        |  |                   |                            |
|------------------------|--|-------------------|----------------------------|
| <b>Date:</b>           |  | <b>Firm Name:</b> |                            |
| <b>Address:</b>        |  |                   |                            |
|                        | Street   | City              | State      Zip             |
| <b>Phone:</b>          | ( )  | <b>Fax:</b>       | ( )                        |
|                        | <b>E-Mail address:</b>                               |                   |                            |
| <b>Trade:</b>          | (General, Electrical, Residential, Mechanical, etc.) |                   |                            |
| <b>Contact Person:</b> |  |                   | <b>Position with Firm:</b> |
| <b>Dues Amount:</b>    |  |                   | <b>Referral name:</b>      |

**CICP is a Non-Profit Corporation. Our Federal Tax ID# is 94-230-0031**

| <u><b>Annual Membership Dues</b></u>                                |  |
|---|--|
| <b>General Eng./Bldg. Contractors:</b><br>(based on yearly average) |  |
| 1- 100 employees.....   | \$1200.00  |
| 101 + employees.....  | \$2000.00  |
| <b>Residential:</b>   |  |
| 1 – 100 Homes per year.....   | \$1000.00  |
| 101- 500Homes per year.....   | \$1500.00  |
| 501+ Homes per year.....  | \$3000.00  |
|   | <b>Associate.....\$750.00</b>                      |
|   | <b>Subcontractors</b><br>(based on yearly average) |
|   | 1 – 50 employees..... \$750.00                     |
|   | 51+ employees..... \$1000.00                       |

| <b>Payment Method</b>   |   |
|---|---|
| <b>If paying by Credit Card:</b>  |   |
| <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa    \$ amount: _____    Charges only: fax or e-mail  |   |
| Account Number  | Expiration Date   |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |
| Please do not use spaces between numbers  |   |
| Authorized Signature: _____   |   |
| <b>If paying by Check:</b>  |   |
| Check Amount _____    Please Mail to address below  |   |

Thank you for supporting our **Stop Property Crime** Coalition

**Membership dues und Our Secret Witness Hotline & Rewards,  
Law Enforcement Training, Industry Awareness & Prevention**

3095 Beacon Blvd., West Sacramento, CA 95691 • (916) 372-2984 • FAX (916) 563-8777  
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