

NYC SPECIAL RIGGERS ASSOCIATION

MEMBERSHIP APPLICATION

NAME	TITLE
COMPANY NAME	E-MAIL
MAILING ADDRESS	PREFERRED PHONE
DATE	
Annual dues: \$500 per Member	
FULL MEMBER/LICENSED RIGGER	ASSOCIATE MEMBER
License number:	☐ Employed by licensed rigger
	☐ Architect
	☐ Engineer
	☐ Building manager
	□ Contractor

Remit a copy of this form and your payment(s) by CHECK*

Payable to:

NYC Special Riggers Association

*Reference your Rigger #(if applicable) and name on check memo line.

Mailing Address:

NYC Special Riggers Association PO Box 220533, Brooklyn, NY 11222

Please visit www.nycsra.org for more information.