



# NYC MASTER RIGGERS ASSOCIATION, INC.

2013 APPLICATION / INVOICE FOR ASSOCIATE MEMBERSHIP  
\*NEW YORK CITY SPECIAL RIGGERS SECTION OF THE NYCMRA\*

**REQUIRED INFORMATION ( IN BOLD TEXT )**

OTHER ITEMS NOT-REQUIRED INFORMATION ( for the directory )

**NAME:**

**RIGGER NUMBER:**

**MAILING ADDRESS:**

**E-MAIL:**

**PREFERRED PHONE:**

Cell Phone:

**COMPANY NAME:**

**TITLE:**

**COMPANY ADDRESS:**

**CHECK ONE THAT APPLIES**

Industry Specialty:

Business Owner

Boards/ Committees:

Non-Business Owner

**PAYMENT TYPE** (select all that apply with your payment)

[FY 2013 DUES] (\$250 quarterly per Associate Member)

DATE:

[Q1] (January-March)

[Q2] (April-June)

[Q3] (July-September)

[Q4] (October-December)

OFFICE USE

*I offer to participate on the following Associate Membership Committee(s):*

(no selection indicates "Associate Member" only)

COMMITTEE MEMBER

COMMITTEE CHAIR

BOARD OF DIRECTORS

STRATEGIC PLANNING

MEMBERSHIP COORDINATION

NYCDOB RELATIONS

BY-LAWS

FINANCE

FUNDRAISING

I am including a "FIGHT INTRO 1056" Support Pledge  
in the amount of: \$  in addition to the dues at this time.

Remit a copy of this form and your **payment(s) by CHECK\***. Send payable to/ addressed to:



**NYC Master Riggers Association, Inc.**

Attention: Greg Galasso, P.E.

57-27 49th Street, Maspeth, NY 11378

**NYCMRA EIN#46-3434355**



**\*Reference your Rigger # and payment type on check memo line**

**CONTACT:** NYCMRA Member Services ( doconnell@nycmra.org ) file:docs/invoice/SR/rev10-8-13