



THE CONSTRUCTION USERS ROUNDTABLE

"The Owners Voice To The Construction Industry"

Application For Owner Membership

Please complete and return to the **CURT** office. Any information too lengthy for this form may be included on additional pages. Thank you for participating in **CURT**.

ORGANIZATION INFORMATION

Organization Name: _____

Mailing Address: _____

Phone: _____ FAX: _____

Office
Locations: _____

Designated Representative to CURT

Designated Representative: _____

Title: _____

Address: _____

Phone: _____ FAX: _____

E-Mail: _____

To whom does designated representative report? _____

Alternate Representative: _____

Title: _____

Address: _____

Phone: _____ FAX: _____

E-mail: _____

To whom does alternate representative report? _____

Who Should Receive Annual Dues Invoice?

Name: _____ Title: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

FAX: _____ E-Mail: _____

Safety Director: _____

Phone: _____ FAX: _____

E-Mail: _____

Maintenance Director: _____

Phone: _____ FAX: _____

E-mail: _____

CONSTRUCTION & MAINTENANCE INFORMATION

What is your *average* annual capital expenditure for US facilities?

What is your *average* annual capital expenditure for International facilities?

What is your *average* annual maintenance expenditure?

What contractual arrangement do you use to perform work?

PERSON COMPLETING THIS FORM

Signature: _____ Date: ____ / ____ / ____

Name: _____

For Office Use Only:

Signature

Approved

Not Approved

Date