



Carpet & Rug Cleaners Institute of Illinois

Application for Membership/Renewal

And Directory Information for 2014

CRCII Mission Statement: "The Mission of the Carpet & Rug Cleaners of Illinois (CRCII) is to advance and improve the carpet, cleaning and restoration industry by motivating professionalism, consumer service and ethical behavior. The CRCII shall provide opportunities for professional development, beneficial relationships, business success, and industry promotion."

- CRCII Regular Membership – New Member (Enclose \$95.00)
- CRCII Regular Membership –
Renewal Before 12/31/13(Enclose \$95.00), Before 1/31/14 (Enclose \$125.00), After (Enclose \$135)

(Please Print Information Clearly)

Company Name: _____ Date: _____

Company Contact: _____ Title: _____

Address: _____ City/ State/ Zip: _____

Phone: (Office) _____ Mobile: _____ Fax: _____

E-Mail Address: _____ Website: _____

Year Company Founded: _____ IICRC Certified Firm (Yes/No) _____ # of Employees: _____

Company Is: Sole Proprietor _____ Partnership _____ Corporation _____

Please check all services provided by your company: ___ Carpet Cleaning ___ Upholstery Cleaning

___ Drapery Cleaning ___ Janitorial ___ Wood Floors ___ Tile and Stone ___ Carpet Dyeing

___ Water Damage Restoration ___ Trauma Clean-up ___ Pet Odor Control ___ Ceiling Cleaning

___ Fire Damage Restoration ___ Mold Remediation ___ Duct Cleaning ___ Carpet Sales

___ Carpet Repairs/Installation ___ Other (Please List) _____

Member Agreement: (Please Read and Sign) Member/Applicant agrees to abide by the By-Laws of the Carpet & Rug Cleaners Institute of Illinois. As the CRCII logo is trademarked the Member/Applicant agrees that it shall be used only by paid members in good standing, and any unauthorized use or use not following the standards set by CRCII is prohibited. We agree that all legal fees in the event of legal action to enforce this agreement will be paid by member.

Signature: _____ Date: _____

Membership Dues: Check Number: _____ Amount: _____

Visa/MasterCard Number: _____ Expiration Date: _____

Name on Card (Print): _____ Billing Zip Code: _____

Signature: _____ Date: _____

Return Application To : CRCII P.O. Box 305 Morton Grove, IL 60053

Or contact CRCII office at 847-579-1884 if you have any questions.

CRCII Website - www.crcii.org