

ACRABAT MEMBERSHIP APPLICATION

Please complete application and fax to : (281) 476-6123 OR Mail to:
3114 Willowbend Rd. Montgomery, TX 77356

APPLICANT INFORMATION

Name:		
Date of birth:	Home Phone:	Cell Phone:
Current address:		
City:	State:	Zip:
Current Employer or Contract Employers:		
Professional Title:	E-mail:	

FALL PROTECTION OR ROPE ACCESS TRAININGS COMPLETED

Name of Class:	Presenting Company:
Date of Class:	Name of Instructor:
Length of Class (hrs):	Approx # of Participants:
Name of Class:	Presenting Company:
Date of Class:	Name of Instructor:
Length of Class (hrs):	Approx # of Participants:

Please identify the types of equipment you were trained on:

Ascenders:	Descenders:	Fall Arresters:
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Did program include information on the selection, use, care and retirement of lifeline equipment: **YES / NO**

Did program include training on line placement devices: **YES / NO**

If **YES** please describe types of line placement devices you were trained on:

Did program include safety information and use of both single and multi-story extension ladders: **YES / NO**

Did program include information on identification and use of life line anchors: **YES / NO**

If **YES** please describe the types of anchors you were trained on:

Did program include information on the use of pivot lines: **YES / NO**

Did program include information on the creation and use of lifeline knots: **YES / NO**

If **YES** please describe the types of knots you were trained on:

Did program include specific information on Static (Self) Belay Process: **YES / NO**

Did program include specific information on Dynamic (Attended) Belay Process: **YES / NO**

Please circle all types of pitched slopes trained on:
7/12 8/12 9/12 10/12 11/12 12/12 13/12 14/12 15/12 16/12 17/12 18/12+

Did program involve written testing on class material covered: **YES / NO** **Approx Score:**

Did program involve skills testing on class material covered: **YES / NO** **Approx Score:**

PLEASE CIRCLE WHICH ACRABAT MEMBERSHIP DESIGNATION APPLYING FOR:

Subscribing Membership	Associate Membership	Corporate Membership
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SIGNATURES

Agreement: By submitting this application, it will be stated that the facts set forth in it are true and complete. Completion of application does not guarantee membership as all information listed on this document must be reviewed and approved before membership status will be granted. Applicant understands that any false statements, omissions, or other misrepresentations made on this application may result in membership termination at any time without refund.

Signature of applicant:	Date:
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