

Yes! I would like to join the Preservation Professionals Council.

Please choose a Preservation Professionals Council membership level:

- \$1,000 \$500 \$250 \$75

Company _____

Brief description of your company _____

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Web site _____ Phone _____

Yes! I would like to receive the Preservation Professionals Council e-newsletter.

I understand I may unsubscribe at anytime.

No, I would not like to receive the Preservation Professionals Council e-newsletter as one of my free member benefits.

E-mail (for internal use only) _____

Please check the categories you would like to be listed under on the PPC Member Web page:

- | | | |
|------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Archaeologists | <input type="checkbox"/> Building Product Suppliers | <input type="checkbox"/> Interior Designers |
| <input type="checkbox"/> Accountants | <input type="checkbox"/> Conservators | <input type="checkbox"/> Investors in Historic Properties |
| <input type="checkbox"/> Appraisers | <input type="checkbox"/> Construction Managers | <input type="checkbox"/> Landscape Architects |
| <input type="checkbox"/> Architects | <input type="checkbox"/> Contractors | <input type="checkbox"/> Planners |
| <input type="checkbox"/> Architectural Historians | <input type="checkbox"/> Craftspeople | <input type="checkbox"/> Preservation Consultants |
| <input type="checkbox"/> Architectural Photographers | <input type="checkbox"/> Developers | <input type="checkbox"/> Real Estate Professionals |
| <input type="checkbox"/> Attorneys | <input type="checkbox"/> Engineers | <input type="checkbox"/> Tax Credit Consultants |
| <input type="checkbox"/> Banks and Lenders | <input type="checkbox"/> Environmental Consultants | <input type="checkbox"/> Tree Consultants |
| <input type="checkbox"/> Building Owners/Operators | <input type="checkbox"/> House Movers | |
| | <input type="checkbox"/> Insurance Companies | |

Payment information:

Check enclosed (*payable to The Georgia Trust*)

Please bill my: Visa Mastercard American Express

Account # _____ Expiration Date _____

Signature _____

Please return to:

Lindsay Cronk, Membership Manager

The Georgia Trust · 1516 Peachtree St., NW · Atlanta, GA 30309

lcronk@georgiatrust.org · fax: 404-875-2205

Questions? Call 404-885-7805.