

## **Producer Membership Application**

	hereby appli	es for a Regular Membership in the Wire Reinforcemer	∩t
(Company Name)			
Institute to become effective	(Date)		
	the Institute as set forth forcement Institute. We f	in the Bylaws and we expect all rights and privileges of urther agree to pay all dues and assessments due for	fa
In addition, we request that the fol Members:	lowing subsidiaries, allie	d companies and major divisions be listed as Regular	
Name and address:			
	will act as Director on the	ne Institute Board of Directors and	
(Name)	_ ····· dot do Birootor orr ti	io medicio Beard of Birostore and	
(Name)	will act as Alternate Dir	ector for our companies, allied companies and division	S.
, , , ,	ershin must he annroved	by a majority vote of the Institute Board of Directors.	
Please indicate which category of	membership is applicab	le to your organization.	
Annual tonnage			
(Company Name)		(Name and Title)	
		(Company Address)	Date)
(Telephone Number)		(Company Address)	