

Professional Membership Application

Membership Benefits: WRI semi-annual meetings sharing latest trends and exchanging ideas, access to member-only website and a network of influencers and subject matter experts.

I hereby apply for a Professional Membership in the Wire Reinforcement Institute to become effective _____
(Date)

The following information is submitted to complete my application:

Name: _____

Home Address: _____

Employment Affiliation: _____ Position: _____

Office Address: _____

Mail to: Office () Home ()

Cell Phone: _____ Office Phone: _____

email: _____

Licensed Engineer	Yes () No ()	State(s) _____
Registered Architect	Yes () No ()	State(s) _____
Licensed Contractor	Yes () No ()	State(s) _____

Professional Membership fee is \$100.00 per year. Please submit your payment (checks made payable to: WRI Membership; your name on the for or reference line) and this completed application to:

Law Office of Robert J. Weil, PLLC
11325 Random Hills Road
Suite 360
Fairfax, Virginia 22030
Questions?: terrialbert7@gmail.com

I agree to abide by the Bylaws of the Institute and I expect all the rights and privileges of a Professional Member in the Wire Reinforcement Institute.

(Date)

(Signature)

Excellence Set in Concrete®