

## 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 complete and sign this application; scan and email to [tsorensen@byu.edu](mailto:tsorensen@byu.edu). Submit your payment (checks made payable to: WRI Membership; your name on the for or reference line) to:

Law Office of Robert J. Weil, PLLC  
11325 Random Hills Road  
Suite 360  
Fairfax, Virginia 22030  
Questions?: [tsorensen@byu.edu](mailto:tsorensen@byu.edu)

*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)

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