WRI ASSOCIATE MEMBERSHIP APPLICATION

_____________________________ hereby applies for an Associate membership in the Wire Reinforcement Institute (“WRI”) to become effective upon approval by the WRI Board of Directors.

The WRI’s Associate membership dues rate is based upon dollars of business volume consummated with the welded wire reinforcement industry.* The Applicant’s annual volume of business with the welded wire reinforcement industry is estimated to be (please check the applicable line):

_____ Non-direct sales as shown on application*
_____ Annual sales up to $499,999
_____ Annual sales between $500,000 and $1,499,999
_____ Annual sales of $1,500,000 and above

If the above annual volume of business with the WWR industry changes, either up or down, we agree to promptly notify the WRI in writing and pay the appropriate adjusted dues rate.

*Non-direct sales to the industry such as contractors, fabricators, distributors, powder manufacturers, support manufacturers and placing/straightening machinery manufacturers have a straight fee of $1,849.00 per year.

Our business interests are as follows: (Please check the appropriate line(s) below)

_____ Suppliers of rod, wire or coating materials
_____ Manufacturer or distributor of production equipment
_____ Supplies of production equipment
_____ Manufacturer or distributor of equipment for use in the placement or straightening of WWR
_____ Fabricator, placement contractor, etc.
_____ Distributor, manufacturer’s representative, sales organization, etc.
_____ Producer or distributor of concrete accessories, i.e. supports for WWR or other specialties
_____ Other (Please identify) ____________________________________________
(Insert name) will serve as our designated representative to the WRI

and

(Insert name) will serve as our alternative representative to the WRI.

All applications for Association Membership must be approved by a majority vote of the WRI Board of Directors.

__________________________________________
Applicant Company Name

__________________________________________
Name and Title of authorized Applicant signatory

__________________________________________
Business Address

__________________________________________
Date of Application

__________________________________________
Telephone Number

__________________________________________
Fax Number

__________________________________________
E-Mail Address

__________________________________________
Cell Phone Number

__________________________________________
Company website