



# Professional Membership Application

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 ( )

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ email: \_\_\_\_\_

Registered Engineer or Architect – Yes ( ) No ( )

State(s) \_\_\_\_\_

Professional Membership fee is \$62.00 per year. Professional Membership dues shall automatically increase each year by 3%. **Check must accompany application.** Pro-rated membership fees are:

January 1 through March 31	\$62.00
April 1 through June 30	\$46.50
July 1 through September 30	\$31.00
October 1 through December 31	\$15.50

**Amount enclosed** \$ \_\_\_\_\_

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**