



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