Professional Membership Application

MAIL TO:
PCI MEMBER SERVICES
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EMAIL: memberservices@pci.org
WEB: www.pci.org

Professional Member: Any person who is a licensed professional engineer or architect, or who meets the education and experience requirements deemed by the Board of Directors to be equivalent to those of professional licensure.

Check One:
LICENSED ENGINEER ☐
LICENSED ARCHITECT ☐

APPLICANT NAME ❑ MR. ❑ MS. ❑ DR. ❑ PROF.	APPLICATION DATE	CREDENTIALS (check all that apply) ☐ AIA ☐ RA ☐ PE ☐ SE ☐ PhD ☐ Other: _____
ADDRESS FOR RECEIPT OF MAIL		
CITY, TOWN OR POST OFFICE, STATE, AND ZIP CODE		
PHONE FAX		
EMAIL		
ORGANIZATION		JOB TITLE
COMPANY ADDRESS (IF OTHER THAN ABOVE) NUMBER AND STREET		
CITY, TOWN OR POST OFFICE, P.O. NUMBER IF APPLICABLE, AND ZIP CODE		
NATURE OF COMPANY'S BUSINESS AND/OR PRODUCTS		
WEB ADDRESS		

I HOLD LICENSE NUMBER _____ IN THE STATE OF _____

PRIMARY OCCUPATION (check all that apply)
☐ Academic ☐ Architect ☐ Bridge Engineer ☐ Consultant ☐ Contractor ☐ Design/Build ☐ Governmental ☐ Precast Manufacturer ☐ Structural Engineer ☐ Other_____

PRIMARY EXPERTISE (check all that apply)
☐ Concrete Materials ☐ Drafting ☐ Design ☐ Research ☐ Codes/Standards ☐ Education ☐ Hollow Core ☐ QA/QC ☐ Management ☐ Marketing/Sales
☐ Disaster Mitigation (fire, seismic, blast, etc.) ☐ Specialty Products (poles, piles, soundwalls, ties, etc.) ☐ Other_____

ANNUAL FEE = $110 (NON-U.S. = $140) (U.S. ACADEMIC EMPLOYEE = $50) (NON-U.S. ACADEMIC EMPLOYEE = $65).
PAYMENT IN U.S. DOLLARS DRAWN ON A U.S BANK MUST ACCOMPANY THIS APPLICATION.

Fee is not deductible as charitable contributions for federal income tax purposes but may be deductible by members as a business expense.
This certifies that the company with which I am affiliated does NOT qualify for Producer membership or Associate membership as described in the Bylaws of the Precast/Prestressed Concrete Institute.

Applicant's initials ☐

NON-PRODUCER APPLICANTS

PAYMENT REQUIRED FOR NON-PRODUCER PROFESSIONAL APPLICATIONS

☐ MasterCard ☐ Visa ☐ Check **Amount Enclosed**: _____

Card Number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Exp. Date:_____

Card Holder's Name as it Appears on Card: _____

Signature: _____

PRODUCER APPLICANTS

PRODUCER MEMBER EMPLOYEES
NO FEE — PRODUCER AUTHORIZED SIGNER REQUIRED

Authorized Signer Name

Authorized Signature