# Professional Membership Application

*MAIL TO:*
**PCI PAYMENT PROCESSING CENTER**
**209 WEST JACKSON BLVD., SUITE 500**
**CHICAGO, ILLINOIS 60606**
**PHONE: 312-786-0300 • FAX: 312-786-0353**
**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 | APPLICATION DATE | CREDENTIALS (check all that apply)<br>☐ AIA ☐ RA ☐ PE ☐ SE<br>☐ 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).**
**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*** ☐

☐ **Architectural/Handbook Seminar Participant**

**Location:**_____

## 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