

PTI Professional Membership Application

Persons qualifying for Professional Membership in accordance with the definitions below who accept and agree to be governed by the by-laws of the Post-Tensioning Institute may apply for Professional Membership by completing this form and mailing it to PTI with payment of the first year's dues. All membership applications must be approved by the PTI Board of Directors.

*Note: Persons who work for companies that are eligible for one or more company-level categories of membership **may not** apply for Professional Membership unless the company is also a member.*

Membership Category: Check one that applies.

- \$225

Professional Members: An individual who meets one or more of the following qualifications, or who is deemed by the Institute to have abilities or standing equal to one or more of these qualifications:

Design Professional:

 - Licensed Design Professional
 - Engineers and Architects-in-Training

Construction Professional:

 - Contractor / Builder
 - Construction Engineer / Construction Manager
 - Inspector / Testing Technician

Government Employee

Academic

 - Educator

Other Professional Services:

 - Legal Professional
 - Information Technology Consultant
 - Researcher / Scientist
- \$40

Special Members:

 - Retired Professional

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Professional Contact Information:

Name: _____ Title: _____

Company / Academic Institution: _____

Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Telephone: _____ E-Mail: _____

Company Website: _____

Are you a licensed engineer? ☐ Yes ☐ No State/Province: _____ License Number: _____

Are you a licensed architect? ☐ Yes ☐ No State/Province: _____ License Number: _____

If you are not a licensed professional engineer or architect, do you hold an EIT Certificate?

☐ Yes ☐ No State/Province: _____ Certification Number: _____

Nature of company's business:

Signature: _____ Date: _____

Payment Information:

☐ Check in the payment of dues (U.S. dollars) must accompany this application. Amount enclosed: _____

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number: _____ Expiration Date: _____ CVV: _____

Cardholder's Name: _____

Billing Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Return this application by mail with payment to:

Post-Tensioning Institute
38800 Country Club Drive
Farmington Hills, MI 48331
(248) 848-3180
www.post-tensioning.org