

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)

Annual Dues

Professional Member (North America): Any person who is a licensed architect or engineer, construction inspector, public building official, or any person who is deemed by the Executive Committee to have abilities or standing equal to this qualification; provided, however, that no such person shall be qualified for Professional Membership if Post-Tensioning Prestressing Steel Supplier, Associate, Installing Company, Affiliate, or International Post-Tensioning, or the corresponding International Associate Membership is available to such person or to an organization with which such person is affiliated. (check one)

\$225

Design Professional

- Licensed Design Professional Engineers and Architects-in-Training

Construction Professional:

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

Government Employee

Educator

Other Professional Services

- Legal Professional Information Technology Consultant Researcher/Scientist

International Professional Member (outside North America): A person with the same qualifications as noted above, but who resides outside the U.S., Canada, or Mexico.

\$225

Retired Professional:

\$40

Name: _____ Title: _____

Company/Academic Institution: _____

Mailing address: _____ City: _____ State/Province: _____

Postal code: _____ Country: _____

Are you a licensed engineer? (check one) Yes No State: _____ License No. _____

Are you a licensed architect? (check one) Yes No State: _____ License No. _____

If you are not a licensed professional engineer or architect, do you hold an EIT certificate? (check one) Yes No State: _____ Cert. No. _____

Phone: _____ E-mail: _____

Company website: _____

Nature of company's business (Students: Describe your academic field of study and identify an academic advisor.)

Signature: _____ Date: _____

Payment options

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

Bill my credit card Visa MasterCard American Express Discover

Card no: _____ Exp. date: _____ CVV Code _____

Cardholder's name: _____ Credit card billing address: _____

Signature: _____

Return application by mail with payment to: Post-Tensioning Institute, 38800 Country Club Drive, Farmington Hills, MI 48331

Phone: (248) 848-3180