

Life Membership Application



MAIL TO: PCI | 200 W Adams St., Ste. 2100, Chicago, Illinois 60606-5230 | ATTN: Membership Department
For questions contact PCI Membership Department | Email: membership@pci.org | Phone: 312-361-8081

Life Member: Any individual Member for whom the sum of chronological age and total years of PCI membership equals or exceeds 90. Lifetime members shall retain all membership benefits of the category to which they last belonged, but shall pay no membership dues.

APPLICANT NAME MR. MS. DR. PROF.

APPLICATION DATE

MEMBERSHIP CATEGORY TO WHICH YOU CURRENTLY LAST BELONGED

Producer Erector Associate Supplier Associate Services Associate Professional Affiliate Associate Professional Student

ADDRESS FOR RECEIPT OF MAIL

CITY/STATE/ZIP

PHONE

CELL

EMAIL

WEB PAGE

LIFE MEMBERSHIP QUALIFICATIONS

TOTAL YEARS OF PCI MEMBERSHIP

CURRENT AGE

SUM OF TOTAL YEARS OF MEMBERSHIP AND AGE (MUST EQUAL OR EXCEED 90 TO QUALIFY)

COMPANY AFFILIATION

COMPANY ADDRESS (IF OTHER THAN ABOVE)

CITY/STATE/ZIP

NATURE OF COMPANY'S BUSINESS AND/OR PRODUCTS

LIFETIME MEMBERS SHALL RETAIN ALL THE BENEFITS OF THE MEMBERSHIP CATEGORY TO WHICH THEY LAST BELONGED, BUT SHALL PAY NO MEMBERSHIP DUES.

SIGNATURE OF APPLICANT

DATE