

PCI Services Associate Membership Application



Email to: membership@pci.org | For questions, contact PCI Membership Department | 312-360-3203
8770 W. Bryn Mawr Ave. | Suite 1150 | Chicago, IL 60631-3517

Services associate: Any firm that is engaged in providing consulting or other professional services to the industry that is not eligible for producer membership.

- Complete this form to apply for your company's PCI services associate membership.
- Please print legibly to help us avoid errors.
- This form must be signed by an authorized agent of the company.

SECTION 1 – CONTACT INFORMATION

PCI will retain this information in its member database. The PCI primary contact you identify below will be your company's official contact person for PCI membership matters. This person will receive copies of all PCI membership-related correspondence and will be provided online access to directly maintain this information.

COMPANY:

NAME

POSTAL ADDRESS CITY/STATE/ZIP

PHYSICAL ADDRESS (IF DIFFERENT THAN ABOVE; NO P.O. BOX) CITY/STATE/ZIP (IF DIFFERENT THAN ABOVE)

BUSINESS PHONE WEBSITE ADDRESS

EMAIL FOR GENERAL INQUIRIES (e.g. info@, sales@, marketing@, etc. If none exists, or the company has an online request form, leave this line blank.)

THIS LOCATION IS A: CORPORATE HQ PLANT SATELLITE OFFICE OTHER

PCI PRIMARY CONTACT (person to whom all membership issues should be addressed):

NAME TITLE

POSTAL ADDRESS (IF DIFFERENT THAN ABOVE) CITY/STATE/ZIP

PHONE EMAIL

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SECTION 2—ANNUAL MEMBERSHIP DUES AND SIGNATURE PAYMENT REQUIRED WITH APPLICATION. *Note: PCI membership year begins July 1 and ends June 30.*

CALCULATION OF DUES

PCI will calculate the annual dues as follows (If your company is joining PCI between October and June please contact PCI for the prorated dues.):

1. Gross dollar sales to the precast concrete structures industry in the previous year. \$ _____
2. Base dues (up to first \$1,000,000.00) \$ _____ 2,250
3. Multiply all sales over \$1,000,000 by .00086, up to a maximum of \$7,750
For example, a company with \$2,000,000 in sales would multiply \$1,000,000 by
.00086 for a total of \$860.00. \$ _____
4. Add #2 and #3 (total should not exceed \$10,000) Total annual dues \$ _____

Please check how your membership dues are being paid:

- Check included in U.S. funds drawn on a U.S. bank
Prestressed Concrete Institute
P.O. BOX 95284
Chicago, IL 60694-5284
- Charge my credit card: Visa Mastercard American Express Discover

Total Dues (from Line 4): \$ _____

CREDIT CARD NUMBER CVV# EXPIRATION DATE

CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE

SIGN AND SUBMIT FORM

This form must be signed by an authorized agent of the member company.

ON BEHALF OF THE COMPANY NAMED IN SECTION 1, THE UNDERSIGNED:

- has reviewed, understands, and acknowledges the information and requirements set forth herein;
- affirms and attests to the accuracy of the information provided and the representations made by the company in this membership renewal form; and
- agrees that to the best of its ability, the company will maintain compliance with all of the requirements of PCI membership during the forthcoming membership year.

NAME OF MEMBER COMPANY AUTHORIZED AGENT DATE

SIGNATURE TITLE

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SECTION 3 – TECHNICAL PROFESSIONALS INFORMATION

List the technical professionals* in your office who will be included in your services associate membership, if applicable (attach an additional page, if needed). Each person listed below will receive a complimentary professional membership for as long as the company remains a member or until the listed person leaves the company.

1. NAME _____	EMAIL _____
STATE _____	LICENSE NUMBER _____
2. NAME _____	EMAIL _____
STATE _____	LICENSE NUMBER _____
3. NAME _____	EMAIL _____
STATE _____	LICENSE NUMBER _____
4. NAME _____	EMAIL _____
STATE _____	LICENSE NUMBER _____
5. NAME _____	EMAIL _____
STATE _____	LICENSE NUMBER _____
6. NAME _____	EMAIL _____
STATE _____	LICENSE NUMBER _____
7. NAME _____	EMAIL _____
STATE _____	LICENSE NUMBER _____
8. NAME _____	EMAIL _____
STATE _____	LICENSE NUMBER _____
9. NAME _____	EMAIL _____
STATE _____	LICENSE NUMBER _____
10. NAME _____	EMAIL _____
STATE _____	LICENSE NUMBER _____

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

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SECTION 4 – SERVICES ASSOCIATE/CONSULTANT SERVICES

PCI's website features a design consultant search so that potential customers can find you and/or your company by name or service. Please check ALL THAT APPLY for the listing of you and/or your company's services on the website.

- | | |
|---|--|
| <input type="checkbox"/> APPRAISAL SERVICES | <input type="checkbox"/> FLEET MANAGEMENT |
| <input type="checkbox"/> ARCHITECTURAL SERVICES | <input type="checkbox"/> INSURANCE |
| <input type="checkbox"/> CONCRETE TESTING | <input type="checkbox"/> IT CONSULTING |
| <input type="checkbox"/> DRAFTING | <input type="checkbox"/> LEGAL CONSULTING |
| <input type="checkbox"/> EMPLOYMENT AND HR SERVICES | <input type="checkbox"/> MANAGEMENT CONSULTING |
| <input type="checkbox"/> ENVIRONMENTAL, HEALTH, AND SAFETY CONSULTING | <input type="checkbox"/> PLANT DESIGN AND CONSULTING |
| <input type="checkbox"/> EQUIPMENT CALIBRATION | <input type="checkbox"/> SOFTWARE ENGINEERING DESIGN |
| <input type="checkbox"/> EQUIPMENT MAINTENANCE AND REPAIR | <input type="checkbox"/> STRUCTURAL ENGINEERING |

SECTION 5 – SIGN AND SUBMIT

Completion of this form and payment of membership dues are necessary to qualify for PCI membership.

1. PRIMARY CONTACT FOR FINANCIAL ISSUES

Verify that member company contact information is listed correctly. This information will serve as PCI's official record.

NAME	TITLE
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PHONE	EMAIL
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2. SIGN AND RETURN FORM

This form must be signed by an authorized agent of the member company.

ON BEHALF OF THE COMPANY NAMED IN SECTION 1, THE UNDERSIGNED:

- has reviewed, understands, and acknowledges the information and requirements set forth herein;
- affirms and attests to the accuracy of the information provided and the representations made by the company in this document and in all attachments thereto; and
- agrees that to the best of its ability, the company will maintain compliance with all of the requirements of PCI membership for the duration of its membership.

NAME OF MEMBER COMPANY AUTHORIZED AGENT	DATE
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SIGNATURE	TITLE
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