PCI Supporting Organization 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

Supporting organization member: An organization that is located outside of North America and does not meet the eligibility requirements and/or qualifications for any other class of Organizational Membership.

- Complete this form to apply for your company's PCI supporting organization membership.
- Please print legibly to help us avoid errors.
- This form must be signed by an authorized agent of the company.
- PCI will hold all business-related information you provide in the strictest confidence.

SECTION 1 – COMPANY 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	COUNTRY
PHYSICAL ADDRESS (IF DIFFERENT THAN ABOVE; NO P.O. BOX)	CITY/STATE/ZIP (IF DIFFERENT THAN	ABOVE) COUNTRY
BUSINESS PHONE	WEBSITE ADDRESS	
EMAIL FOR GENERAL INQUIRIES (e.g.: info@, sales@, marketing@, etc. If none exists, or the	e company has an online request form, leave this lin	ne blank.)
THIS LOCATION IS A: CORPORATE HQ PLANT SATELLI	TE OFFICE 🖸 OTHER	
PCI PRIMARY CONTACT (the person to whom all membership issues sho	ould be addressed):	
NAME	TITLE	
POSTAL ADDRESS (IF DIFFERENT THAN ABOVE)	CITY/STATE/ZIP	COUNTRY
PHONE	EMAIL	

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SECTION 2 – ANNUAL DUES

PAYMENT REQUIRED WITH APPLICATION. Note: PCI membership year begins July 1 and ends June 30.

PCI supporting organization membership annual dues are U.S. \$2,500 per company. Payment is required with this form. All bank fees are the responsibility of the member company and cannot be deducted from the amount owed to PCI. If your organization is joining PCI between October and June please contact PCI for the prorated dues.

 Please check how your membership dues are being paid: Check enclosed, in U.S. funds drawn on a U.S. bank Bank transfer Charge my credit card: Visa American Express Discover 	PCI BANK TRANSFER INFORMATION Financial Institution: BMO Harris Bank NA 111 West Monroe Street Chicago, IL 60690 Account Transit (ABA) Number: 071000288 Type of Account: Checking 3713518 Swift Number: HATRUS44 IBAN Number: N/A for BMO Harris Accounts	ADDRESS FOR PAYMENTS BY CHECK: Prestressed Concrete Institute P.O. BOX 95284 Chicago, IL 60694-5284
CARDHOLDER'S NAME	CARD NUMBER	

CARDHOLDER'S SIGNATURE

CVV#

EXPIRATION DATE

SECTION 3 – PLANT CERTIFICATION

PCI plant certification is a separate service provided by PCI. PCI supporting organization members agree NOT to represent themselves as PCI-certified unless they have applied for PCI plant certification and have successfully completed the necessary in-plant inspections in accordance with PCI certification policies and procedures. Please contact the PCI Quality Programs Department at qualityprograms@pci.org if you are interested in PCI plant certification.

Any manufacturer who has a majority interest in a U.S. manufacturing facility furnishing precast and prestressed concrete products that is eligible for PCI certification, must apply for PCI certification and maintain that certification for at least one full year in order to be eligible for producer membership.

If you have a question concerning this application, please contact: membership@pci.org or 312-360-3203.

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 SIGNATURE TITLE