

PTI Professional Membership Application

Persons qualifying for Professional Membership in accordance with the definitions below who accept and agree to be governed by the bylaws 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
<input type="checkbox"/> 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.	\$125.00
<input type="checkbox"/> 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.	\$150.00
<input type="checkbox"/> Student: Any person who is enrolled in a recognized institution of higher learning in the architectural or engineering field.	\$40.00

Name _____ Title _____

Company or Academic Institution (Students) _____

Mailing address _____

City _____ State/Province _____ Postal code _____ Country _____

I hold certificate No. _____ In the State of _____
(Persons who are not registered engineers or architects must append an additional sheet listing experience and qualifications for consideration by the PTI Board of Directors)

Telephone _____ Fax _____

E-mail _____ Company Web site _____

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. _____ Expiration _____

Cardholder's name _____

Credit card billing address _____

Signature _____

**Return application by mail
or fax with payment to:**

Post-Tensioning Institute
38800 Country Club Drive
Farmington Hills, MI 48331
Phone: (248) 848-3180
Fax: (248) 848-3181



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INSTITUTE®**