



MEMBERSHIP APPLICATION

Apply to Become a Member of ICRI Today

Online application is preferred at www.icri.org/join

Applicant Information *(please complete all fields and print clearly)*

First/Last Name: _____ Title: _____

Organization: _____

Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Phone + Area Code: _____ Fax + Area Code: _____

Email: _____

Membership Referral Contact: _____

(if someone referred you to ICRI, please enter their full name and organization above)

I would like to opt out of the member directory. Please do not list my information/my organization's information.

Institute Membership Dues

Gross Income (repair-related)	< \$1 M	<\$1 M to \$2.49 M	\$2.5 M to \$5 M	> \$5 M
Company Member*	<input type="radio"/> \$500	<input type="radio"/> \$900	<input type="radio"/> \$1,800	<input type="radio"/> \$2,700
Additional Individual from Member Company	<input type="radio"/> \$180			
Supporting Member*	<input type="radio"/> \$4,500			
Additional Individual from Supporting Member Company	<input type="radio"/> \$180			
Individual	<input type="radio"/> \$240			
International Member †	<input type="radio"/> \$150			
Government Employee‡	<input type="radio"/> \$120			
Retired§	<input type="radio"/> \$120			
Student¶	<input type="radio"/> \$0			

*All ICRI Members can be searched for on ICRI's website in the ICRI Online Membership Directory. For Company and Supporting Member specialties, please fill out the demographics form on the following page. Specialties are searchable on ICRI's website for Company and Supporting members only.

†Individuals with a primary residence outside of the United States (and its territories) or Canada whose organization does not have a Company Membership or Supporting Membership with ICRI.

‡Verification of status required - provide copy of I.D. or other documentation.

§Any member that has reached age 65 and has been a member of ICRI for at least 5 years.

Chapter Membership Dues *(optional - join a chapter at any time)*

<input type="checkbox"/> Arizona	\$55	<input type="checkbox"/> Great Plains	\$50	<input type="checkbox"/> Northern California	\$50
<input type="checkbox"/> Baltimore-Washington	\$50	<input type="checkbox"/> Greater Cincinnati	\$40	<input type="checkbox"/> Northern Ohio	\$40
<input type="checkbox"/> British Columbia	\$40	<input type="checkbox"/> Gulf South	\$40	<input type="checkbox"/> Oklahoma	\$50
<input type="checkbox"/> Carolinas	\$55	<input type="checkbox"/> Houston	\$40	<input type="checkbox"/> Pacific Northwest	\$40
<input type="checkbox"/> Central Florida	\$40	<input type="checkbox"/> Indiana	\$50	<input type="checkbox"/> Pittsburgh	\$40
<input type="checkbox"/> Central Ohio	\$40	<input type="checkbox"/> Iowa/Illinois	\$40	<input type="checkbox"/> Quebec Province	\$25
<input type="checkbox"/> Chicago	\$75	<input type="checkbox"/> Metro New York	\$40	<input type="checkbox"/> Rocky Mountain	\$50
<input type="checkbox"/> Connecticut	\$40	<input type="checkbox"/> Michigan	\$50	<input type="checkbox"/> South Central Texas	\$40
<input type="checkbox"/> Delaware Valley	\$55	<input type="checkbox"/> Mid-South	\$50	<input type="checkbox"/> Southeast Florida	\$40
<input type="checkbox"/> Florida First Coast	\$50	<input type="checkbox"/> Minnesota	\$50	<input type="checkbox"/> Southwest Florida	\$50
<input type="checkbox"/> Florida West Coast	\$55	<input type="checkbox"/> New England	\$40	<input type="checkbox"/> Toronto	\$40
<input type="checkbox"/> Georgia	\$40	<input type="checkbox"/> North Texas	\$50	<input type="checkbox"/> Virginia	\$40
<input type="checkbox"/> Student Chapter: California State University, Chico	\$10				
<input type="checkbox"/> Student Chapter: New Jersey Institute of Technology	\$10				



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Payment Information

Amount Enclosed \$ _____

The **ICRI** requires full payment for registration fees by check or credit card.

All credit card fields are required.

Method of Payment: Check enclosed, payable to **"ICRI"** VISA MasterCard American Express

Card Number _____ Exp. Date _____ Security Code _____

Cardholder Name (print) _____ Cardholder Phone _____

Billing Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Cardholder Signature _____

Company and Supporting Member Demographics Form

Contractors <input type="checkbox"/> Architectural repair C01 <input type="checkbox"/> Cathodic protection C02 <input type="checkbox"/> Caulking C03 <input type="checkbox"/> Cement grouting C04 <input type="checkbox"/> Cementitious overlays C05 <input type="checkbox"/> Chemical grouting C06 <input type="checkbox"/> Coatings C07 <input type="checkbox"/> Epoxy injection C08 <input type="checkbox"/> Epoxy toppings C09 <input type="checkbox"/> Expansion joints C10 <input type="checkbox"/> Foundations C11 <input type="checkbox"/> Hydrodemolition C12 <input type="checkbox"/> Masonry/stone restoration C13 <input type="checkbox"/> Post-tensioning C14 <input type="checkbox"/> Shotcrete C15 <input type="checkbox"/> Slabjacking C16 <input type="checkbox"/> Spalls C17 <input type="checkbox"/> Structural strengthening C18 <input type="checkbox"/> Surface prep (as sub) C19 <input type="checkbox"/> Surface sealing C20 <input type="checkbox"/> Underwater C21 <input type="checkbox"/> Waterproofing C2	Material Manufacturers/Distributors/Reps <input type="checkbox"/> Adhesives MM01 <input type="checkbox"/> Admixtures MM02 <input type="checkbox"/> Anchors MM03 <input type="checkbox"/> Cement-based products MM04 <input type="checkbox"/> Coating systems MM05 <input type="checkbox"/> Corrosion inhibitors MM06 <input type="checkbox"/> Curing compounds MM07 <input type="checkbox"/> Elastomeric membranes MM08 <input type="checkbox"/> Epoxies MM09 <input type="checkbox"/> Fibers MM10 <input type="checkbox"/> Floors MM11 <input type="checkbox"/> Grouts MM12 <input type="checkbox"/> Joint and loop fillers MM13 <input type="checkbox"/> Joint systems MM14 <input type="checkbox"/> Sealants MM15 <input type="checkbox"/> Sealers MM16 <input type="checkbox"/> Structural strengthening MM17 <input type="checkbox"/> Tank linings MM18 <input type="checkbox"/> Underlayments MM19 <input type="checkbox"/> Waterproofing MM2	Equipment Manufacturers/Distributors/Reps <input type="checkbox"/> Accessories EM01 <input type="checkbox"/> Cathodic protection EM02 <input type="checkbox"/> Grout pumping equip. EM03 <input type="checkbox"/> High-pressure water equip. EM04 <input type="checkbox"/> Injection equipment EM05 <input type="checkbox"/> Miscellaneous tools EM06 <input type="checkbox"/> Shotcrete equipment EM07 <input type="checkbox"/> Surface preparation equip. EM08 <input type="checkbox"/> Testing equipment EM09	Engineers/Consultants/Architects <input type="checkbox"/> Bridges E01 <input type="checkbox"/> Corrosion evaluation E02 <input type="checkbox"/> Evaluation E03 <input type="checkbox"/> Floors E04 <input type="checkbox"/> Foundations E05 <input type="checkbox"/> Heavy and civil structures E06 <input type="checkbox"/> High-rise structures E07 <input type="checkbox"/> Parking structures E08 <input type="checkbox"/> Petrographic analysis E09 <input type="checkbox"/> Post-tensioning E10 <input type="checkbox"/> Structural strengthening E11 <input type="checkbox"/> Testing E12 <input type="checkbox"/> Underwater E13 <input type="checkbox"/> Utilities E14	Size of Company <input type="checkbox"/> 1 - 10 Employees <input type="checkbox"/> 11 - 25 Employees <input type="checkbox"/> 26 - 50 Employees <input type="checkbox"/> 51 - 100 Employees <input type="checkbox"/> Over 100 Employees
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MAIL OR FAX THIS COMPLETED FORM + PAYMENT TO:

ICRI
 1601 Utica Avenue South, Suite 213 | Minneapolis, MN 55416 USA
PHONE: +1 651.366.6095 **FAX:** +1 651.290.2266

PLEASE DO NOT EMAIL FORMS WITH CREDIT CARD INFORMATION.

(For office use only)

initials	fin.
date	
CK/CC	
amt. paid	
bal. due	