



PROFESSIONAL MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Position/Title:

Company:

Company address:

City:

State:

ZIP Code:

Business Phone:

Business Fax:

Mobil Phone:

E mail Address:

Website address:

PRECAST/PRESTRESS SERVICES PROVIDED & DESCRIPTION:

THE PROFESSIONAL MEMBER RATE IS A TAX DEDUCTIBLE FLAT RATE FEE OF \$750 AND IS ASSESSED ANNUALLY. PLEASE REMIT TO THE FOLLOWING ADDRESS:

Attn: Chris Ard
2440 S. Alabama Ave.
Monroeville, AL 36460
card@gateprecast.com

SIGNATURES

Signature of applicant:

Date: