

APPLICATION FOR MEMBERSHIP

INSTITUTE OF ROOFING, WATERPROOFING & BUILDING ENVELOPE PROFESSIONALS



PORTLAND
CHAPTER

NAME:	COMPANY:
PHONE:	ADDRESS:
E-MAIL:	CITY / STATE / ZIP:

Please Note: You must be a member of RCI, Inc. (see www.rci-online.org) to join the Portland Chapter.

Applicable Certifications (Mark all that apply):

RRC RRO RWC REWC REWO RBEC

RCI Classification (per RCI, Inc. membership):

Consultant Industry Facility Manager
 Consultant Affiliate Industry Affiliate Quality Assurance Observer
 Associate Student

Services Rendered (Mark all that apply):

Roof Consultant Waterproofing Consultant Exterior Wall Consultant
 Material Testing Witness / Legal Involvement Contracting
 Manufacturing Material Sales Education
 Specifying Property Management Residential
 Inspections Architectural Engineering

I certify that I have read and understood the RCI Code of Ethics (www.rci-online.org/ethics.html) and hereby agree to abide by its principles. Any breach of these ethics may result in the forfeiture of my membership.

SIGNATURE _____

DATE _____

PAYMENT METHOD

Portland Chapter Annual Membership: \$40.00

Check VISA MC AmEx Discover Card Number: _____

Expiration Date: _____ 3- or 4-Digit Verification Code: _____ Billing Zip Code: _____

Signature: _____

Return with payment to: Portland Chapter of RCI, PO Box 14865, Portland, OR 97293 • portlandrci@gmail.com