

Iowa Chapter of RCI, Inc.

Membership Application / Renewal Form

Please join us! Our organization that is dedicated to the development and maintenance of the highest standards for professional education and training in the roofing industry.

To become a member of **The Iowa Chapter of RCI, Inc.**, please print out this form and either scan and email it to rciowa1@gmail.com or send it via post to the following address:

Iowa Chapter of RCI, Inc
C/O Darrell Smith
600 SW 7th St
Des Moines, IA 50309

Payment by credit card may be made through the PayPal link on our chapter website:
<http://rci-iowa.org/events/annual-membership-dues/registration/>

If you would like to pay by check, simply enclose your check when you mail your application to our Cedar Rapids address.

Please note - All new and renewing members need to affirm that they have read and subscribe to the RCI Code of Ethics. In addition, Iowa Chapter members must be members in good standing of our parent organization, RCI, Inc.

Name: _____ E-mail: _____

Company: _____ Title/Position: _____

Website: _____ Phone #: _____

Mailing address: _____

RCI Member #: _____ **(Required)** **RRO Registration #:** _____
RRC Registration #: _____ **RWC Registration #:** _____

Application Type: [] Renewal [] New member

Membership Classification and Annual Chapter dues (due January 1st for the calendar year):

- [] Professional or Professional Associate, \$50
- [] Industry or Industry Associate, \$50
- [] Full time student, \$15

Service Categories: Circle all that apply to your practice:

- | | |
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| A Roof Consulting | H Product Sales or Representative |
| B Waterproofing Consulting | I Educator |
| C Exterior Wall Consulting | J Specifier |
| D Material Testing | K Full time Student |
| E Expert Witness/Legal | L Property Management |
| F Roofing and / or General Contractor | M Residential |
| G Manufacturing | N Inspections |

I certify that I am a member of RCI, Inc., that I have read and understand the RCI Code of Ethics and agree to abide by its principles. Further, I understand that a breach of these ethics may result in the forfeiture of my membership and RCI professional registration. Once my membership has been approved, I consent to having my contact information posted on the member listing at www.rci-iowa.org.

Signed: _____ Date: _____