

CRSI Committee Application



Date

Personal Information

Last Name

First Name

Middle Initial

Job Title

Company / Affiliation

Mailing Street Address

City

State

Zip Code

Country

E-Mail Address

Main Telephone Number

Mobile Number

Fax Number

Professional Registration (i.e. PE, SE, EIT) and State(s)

Other Professional Organizations

School (for student members)

Other Committee Memberships

CRSI Committee Membership

(please check the committees you are interested in joining)

For each committee you wish to join, please indicate whether you want to be a Voting member (“V”) or a Consulting member (“C”). **Note: A voting member of a CRSI committee is expected to contribute information, return ballots promptly, comment on draft reports, and attend at least one committee meeting a year.**

_____ Bar Supports

_____ Durability

_____ Engineering Practice

_____ Epoxy Coating

_____ Epoxy Fabrication

_____ Government Affairs

_____ Manual of Standard Practice

_____ Marketing

_____ Material Properties & Bar Producers

_____ Membership & Member Services

_____ Placing Reinforcing Bars

_____ Reinforcement Anchorages & Splices

_____ Reinforcing Bar Detailing

_____ Reinforcing Bar Fabrication

_____ Research & Development

_____ Safety

_____ Sustainability

