

Institute of Roll Design

Celebrating 35 Years

MEMBERSHIP APPLICATION

LAST NAME _____ FIRST NAME _____ INITIAL _____

TITLE _____ DATE OF BIRTH _____

COMPANY _____

BUSINESS:

STREET _____ CITY _____ STATE _____ ZIP _____

BUS. PHONE (____) - ____ - _____ FAX (____) - ____ - _____

E-MAIL ADDRESS _____

HOME:

STREET _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) - ____ - _____ E-MAIL ADDRESS _____

IRD MAILING TO: BUSINESS () HOME ()

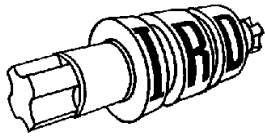
PLEASE GIVE RECORD OF GENERAL AND TECHNICAL EDUCATION AND/OR PROFESSIONAL CAREER. STATE SPECIFICS OF ROLL PASS DESIGN EXPERIENCE, SUCH AS: ANGLES, CHANNELS, REBAR, GUIDES, SPECIAL SECTIONS, STRUCTURALS ETC., INCLUDING YEARS OF EXPERIENCE. USE A SEPERATE SHEET IF REQUIRED.

LIST TWO MEMBERS AS REFERENCE: 1. _____

2. _____

"ACTIVE MEMBERS" MUST BE NOW, OR HAVE BEEN, ACTIVELY ENGAGED IN THE ART OF ROLL DESIGN, AND/OR RESPONSIBLE FOR ROLL SHOP OPERATIONS. " ASSOCIATE MEMBERS" ARE TO BE REPRESENTATIVES OF COMPANIES WHICH SUPPLY ROLLS, EQUIPMENT, TOOLS, ETC., AND HAVE DIRECT CONTACT WITH ROLL SHOP PERSONNEL.

(Please see payment information on the following page.)



**Membership Committee
Institute of Roll Design**

c/o SinterMet, LLC.
222 North Park Drive
West Hills Industrial Park
Kittanning, PA 16201
www.ird.net

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**FEE: \$ 150.00 INITIATION (NOT INCLUDING FIRST YEAR DUES)
\$ 100.00 ANNUAL DUES.**

INCLUDE A CHECK PAYABLE ON A U.S. BANK IN THE AMOUNT OF \$225.00 WITH APPLICATION.

SIGNED: _____ DATE: _____

For IRD Office Use Only

APPROVED: _____ DATE: _____

APPROVED: _____ DATE: _____

PLEASE ENCLOSE A BUSINESS CARD FOR REFERENCE.

CREDIT CARD PAYMENT AMOUNT \$ _____

CREDIT CARD PAYMENTS VISA MASTER CARD AMERICAN EXPRESS DISCOVER

CARD NUMBER _____ EXP DATE: _____ SECURITY CODE _____

CARDHOLDER NAME _____

CARDHOLDER ADDRESS _____

CARDHOLDER SIGNATURE _____

Note: You will be charged a 2.5% Credit Card Convenience Fee