

SWRI Student Member Application

Name: _____

School Address: _____ Permanent Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Phone: _____

Email: _____

School Information

College/Trade School Attending: _____

Year in School: _____

Major/Specialty: _____

Expected Graduation Date: _____

Annual Dues:

SWRI dues are effective from July 1 to June 30.

Student Membership Fee \$25

- Dues check must accompany membership application.
Make check payable to: SWRI

OR

- Charge Dues to: American Express Discover MasterCard VISA

Account # _____ Exp. Date _____

Authorized Credit Card Signature _____

I do hereby make application for membership in the Sealant, Waterproofing & Restoration Institute and agree to abide by the articles of incorporation and bylaws of the Institute and pay all duly levied dues and assessments. The undersigned warrants the accuracy of the information contained herein.

By: _____ Date: _____
Signature

**Return this form to: Sealant Waterproofing & Restoration Institute • 14 W. Third St., Suite 200 •
Kansas City, MO 64105 • (816) 472-SWRI • (816) 472-7765 fax • www.swrionline.org**