



## THE REFRACTORIES INSTITUTE

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### APPLICATION FOR:

### ASSOCIATE MEMBERSHIP

\_\_\_\_\_  
Date

**Board of Directors  
The Refractories Institute  
1300 Sumner Avenue  
Cleveland, Ohio 44115**

Ladies and Gentlemen:

We would like to apply for **ASSOCIATE Membership** in The Refractories Institute. We agree to pay such dues as may be determined by the Board of Directors, to actively support the programs and goals of The Refractories Institute, and to abide by the Bylaws of The Refractories Institute.

We are not engaged in the manufacturer of refractory products and do not receive a discount or sales commission on refractory products, or purchase refractories in the normal course of business. We are a **SUPPLIER** of the following **RAW MATERIALS, EQUIPMENT, or SERVICES** to **refractory manufacturers**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Company**

\_\_\_\_\_  
**By**  
\_\_\_\_\_

## Title

### The Refractories Institute Bylaws

#### Membership and Qualifications

**Section 3.2 - Non-Voting Membership:** The following membership classes shall have no vote, except as otherwise provided in these Bylaws, nor be eligible to hold office in The Institute:

**(A) Associate Membership:** Any proprietorship, partnership, corporation or other business entity not engaged in the manufacture of refractory products, but who is a supplier of raw materials, equipment, or services to refractory manufacturers shall be eligible for Associate Membership in The Institute, subject to the approval of the Board of Directors; provided, however, that no person, firm or corporation that purchases refractories in the normal course of business or receives a discount or sales commission upon refractory products shall be eligible for membership. The Official Representative of an Associate Member does not vote, except as a member of the Associates Advisory Committee.

**Section 9.3 - Associates Advisory Committee:** This Committee shall be made up of Official Representatives of the Associate Members or their designees who elect to serve on it. Each Official Representative shall have one (1) vote.

**Section 9.9 - Qualifications of Committee Persons:** Any employee of any member company may hold a membership on any standing or special committee, subject to the following exclusions or restrictions. Only Official Representatives of Active member companies may serve on the Nominating Committee or Executive Committee. Membership on the Associates Committee is limited to employees of Associate member companies only. Membership on the Contractors/installers Committee is limited to employees of Contractor/Installer member companies only. Membership on the Affiliates Committee is limited to employees of Affiliate member companies only.

**Section 9.10 - Voting:** Each member company shall have one (1) vote at any committee meeting. Should more than one employee representative attend a committee meeting, the Official Representative shall designate the person who shall be entitled to vote.

**To the Applicant:**

So that the records of The Refractories Institute may be complete and accurate, please fill out and return this questionnaire with your completed application.

1. Name of Company \_\_\_\_\_  
Headquarter Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_  
E-mail: \_\_\_\_\_

2. Names and titles of principal officers and staff:  
**(This data will be used to prepare your company membership listing)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. (A) Name of person to serve as **Official Representative** for your company to The Institute:

\_\_\_\_\_  
**Company Official Representative to The Refractories Institute**

- (B) Names of persons to receive meeting notices, bulletins and other literature (other than person named above):

\_\_\_\_\_

4. Address of all plant locations: (Use reverse side if needed)

\_\_\_\_\_  
\_\_\_\_\_

5. Names and addresses of wholly owned subsidiaries. If membership communications are to go to subsidiaries, please add name of individual:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Official Representative to TRI**