



## THE REFRACTORIES INSTITUTE

800 Roosevelt Rd. Building C, Suite 312

Glen Ellyn, IL 60137

Telephone (630) 297-0477 • Facsimile (630) 790-3095

Email: [info@refractoriesinstitute.org](mailto:info@refractoriesinstitute.org)

Web: [www.refractoriesinstitute.org](http://www.refractoriesinstitute.org)

### APPLICATION FOR:

### MANUFACTURING MEMBERSHIP

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Date

**Board of Directors  
The Refractories Institute  
800 Roosevelt Rd.  
Building C, Suite 312  
Glen Ellyn, IL 60137**

Ladies and Gentlemen:

We would like to apply for **MANUFACTURING 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 engaged directly as a **MANUFACTURER** of the following classes of refractory products:

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Company

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By

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Title

**Membership and Qualifications: Bylaws Article III,**

**Section 3.1 - Manufacturing Membership:** Any proprietorship, partnership, corporation or other business entity engaged directly as a manufacturer of refractory products within the United States, Canada, Mexico or Latin America shall be eligible for Manufacturing Membership in The Institute, subject to the approval of the Board of Directors.

**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 Address \_\_\_\_\_

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**