



Lightning Protection Institute

25475 Magnolia Drive; P.O. Box 99

Maryville, MO 64468

Phone: 800.488.6864 or 660.582.0429

Fax: 660.582.0430 Email: LPI@lightning.org

Website: www.lightning.org

Professional Membership Packet

Thank you for your interest in joining the Lightning Protection Institute.

Please print out, complete, sign and notarize, and mail us the following Application packet along with a \$75 check for your application fee. Annual dues, also in the amount of \$75, will be billed and due each December 31.

Once we receive your Application packet, it will be distributed to the LPI Board of Directors to vote on your membership. Once approved, we will advise you of your new membership with a membership card and additional information on lightning protection. At that time, we will also add you to our website to be viewed by the public at www.lightning.org.

Please note that application to approval times may vary depending on LPI Board of Directors response times. If you have any questions about this Application process, please email us at LPI@lightning.org or call us at 800-488-6864.



APPLICATION FOR PROFESSIONAL MEMBERSHIP

1. Full Name:

Company Name:

Company Address:

City

State

Zip

Company Phone: (____) ____ - _____ Fax: (____) ____ - _____

Email: _____

Personal Data: ____/____/____
Date of Birth

Address

City

State

Zip

Current Position/Job Description:

2. Education: *Circle highest grade or year attended at each school level*

High School 9 10 11 12

Secondary 1 2 3 4 More than 4

Trade or Technical School College/University Degree(s): _____

3. Experience: In this space, please describe briefly any previous experience in lightning protection:

4. Participation:

The LPI Professional Division needs active participation by those members who are willing to devote time and energy to memberships, information exchanges and other Division activities.

Will you participate as a part of your membership? Yes No Undecided

If "Yes", please check the area(s) in which you would prefer to be involved...

Committee Membership:

- | | |
|--|---|
| <input type="checkbox"/> Standards Committee | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Meeting Program Committee | <input type="checkbox"/> Research and Development |
| <input type="checkbox"/> Certification Committee | <input type="checkbox"/> Other (Please Indicate): |
- _____

Information Exchange:

- (1) Would you be in a position now or later to furnish a report or paper on some aspect of lightning behavior, lightning damage, or lightning protection? Yes No

If "Yes", please explain: _____

- (2) Would you be willing to serve on an Information Exchange Panel, helping select and locate papers and reports to be published in the Information Exchange Program? Yes No

Other Activities:

Please indicate any other area or subject that you feel should be considered and/or in which you would be prepared to actively participate: _____

5. Personal Certification (Check all that apply)

- LPI Designer/Inspector Professional Engineer Cert. (P.E.)
- Other Certification: Please explain - _____

I hereby certify that I am an individual indirectly involved in promoting lightning safety and enhancing the science of lightning protection.

Signature

Date

Code of Ethics

Lightning Protection Institute

Fundamental Principle

- 1) I will make primary the protection and safety of people and property.
- 2) I will be honest and impartial, and will serve with devotion, my clients and the general public.
- 3) I will strive to increase the competence and prestige of the Institute.
- 4) I will conduct myself honorably, responsibly, and ethically so as to enhance the honor and the reputation of the Institute and its members.

Relations with Clients

- 1) I will act in professional matters as a faithful agent of the client.
- 2) I will inform each client of any business connections, interests, or affiliations which might influence my judgment or impair the equitable character of my services.
- 3) I will not disclose information concerning the business affairs or technical processes of any present or former client.
- 4) I will respect and protect the client's property.

Relations with Peers

- 1) I will endeavor to aid the professional development and advancement of the lightning protection industry.
- 2) I will not compete unfairly with others; will extend my friendship and confidence to all Institute members and to those with whom I have a business relationship, without bias toward race, religion, or gender.
- 3) I will endeavor to insure the integrity of the Institute's certification programs.

I hereby state that I have read the above Code of Ethics of the Lightning Protection Institute and agree to abide by said Code of Ethics while a member of the Lightning Protection Institute.

Signature

Date



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AGREEMENT REGARDING BY-LAWS

I, being first duly sworn, state that I have read the By-Laws of the Lightning Protection Institute, as revised and adopted September 19, 1990, and that I understand said By-Laws, and I will abide by them as a condition of acceptance and continuation of my membership in the Lightning Protection Institute.

Dated the _____ day of _____, 2____.

 (Company Name)

 (Company Address)

By: _____
 (Signature) (Printed Name and Title)

Subscribed and sworn to before me this _____ day of _____, 2____.

Attest: _____
 (Signature) (Printed Name)

State of _____ SS

County of _____

**NOTARY
 SEAL**

My Commission Expires:



Company Contact Information

Fill-out the contact information below EXACTLY as you wish it to appear in our records, please PRINT NEATLY.

1. General Contact Information:

(LPI will send technical letters, updates, and list you in our internal database with this address.)

Your Name: _____

Here is a sample of how the address label will appear.

Company's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Attn: John M. Smith
Company Name
123 Lightning Way
Sample, FL 12345

2. Billing Address:

(LPI will mail your annual dues invoice to this address.)

Company's Name: _____

Here is a sample of how the window envelope will appear.

Department (if none write "n/a"): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Company Name – *Accounts Receivable*
123 Lightning Way
Sample, FL 12345

3. Contact Information to be shown on our Website:

*(LPI will list EXACTLY how you wish your name to appear those who view you at our website www.lightning.org. If you leave a space "blank" below, that space will be blank on your listing. *Remember this information is how the public will be able to contact you so please fill-out this section accordingly.)*

Company Name: _____

Here is a sample of how a company will appear.

Main Contact Person: _____

Street or Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____

Toll Free: (____) _____ - _____ Fax: (____) _____ - _____

Company Name
John M. Smith
123 Lightning Way
Sample, FL 12345
U.S.A.
Phone Number: (111) 222-3333
Toll Free Number: (800) 333-4444
Fax Number: (222) 333-4444
E-mail: jmsmith@companyname.com
Website: www.companyname.com
Membership Type: Affiliate
(DI) John M. Smith

Main contact Email: _____ Company Website: _____

By signing below, I attest that the contact information provided above is accurate to the best of my knowledge. If any of this information changes or is listed incorrectly on the Lightning Protection Institute website, I understand it is my responsibility to contact the LPI to have their records updated.

Owner/Representative Signature: _____ Date: _____

If you have any questions, please contact us by phone at: **1-800-488-6864