

# BUILD & PROTECT



*Building Lightning Safe Communities to Save Lives & Protect Property*

## Application for Manufacturer Membership

Thank you for your interest in joining the Lightning Protection Institute (LPI). As a Manufacturer member, you will receive the following benefits:

- A voting position on the LPI Board of Directors
- Member contact information advertised on the LPI website at [lightning.org](http://lightning.org)
- Copy of the latest edition of LPI 175 Standard of Practice for the Design-Installation-Inspection of Lightning Protection System
- Subscription to the LPI "Build & Protect e-newsletter and LPI Tech Bulletins
- Eligibility for "Designer Inspector" certification via LPI's Designer Inspector 1 & 2 testing service
- Discounted rates for LPI/ULPA Annual Lightning Protection Conference registration
- Networking opportunities with lightning protection experts and professionals

Please print, complete, sign and mail the following Application packet along with your check for initiation fee of \$7,800 to the LPI office. A Manufacturer's annual dues are \$15,600, typically paid in \$1,300 monthly installments. Please note as part of the application process you are required to provide three (3) business references on the attached forms. At least one of these references must be from a member of ULPA, LSA, LPI or from UL or a UL-listed company. References should be provided by you with your application. In addition, LPI Bylaws require that you provide evidence of third-party inspection of three (3) completed lightning protection installations. You may provide either a UL Master Label, or LPI-IP Master Certificate for each to meet this requirement. The Bylaws state that you have 24 months after application to provide these project certifications.

Once we receive these items, we will contact your references. To expedite processing of your Application, please include the email address or fax number for each reference and advise your contacts in advance that LPI will be following up with them for further information. Upon receiving your materials and reference replies, we will distribute your Application materials to the LPI Board of Directors for voting on your membership. Once approved, we will advise you of your new membership with a certificate and information on lightning protection and LPI.

We invite you to take advantage of this opportunity for membership with our quality organization. If you have questions, please email the LPI office at [lpil@lightning.org](mailto:lpil@lightning.org) or call us at 800-488-6864. Thank you again for your interest in LPI and the lightning protection industry.

*The Lightning Protection Institute designs and develops information resources on complete lightning protection systems for consumers and specifiers. LPI markets education products to members for use in the construction industry. The focus is to develop the total market for lightning protection through promotion of National Standards with supporting loss data, experience from past design, and new information from research. Visit [www.lightning.org](http://www.lightning.org) for more information.*



# Lightning Protection Institute

## Lightning Protection Institute

P.O. Box 99

Maryville, MO 64468

Phone: 800.488.6864 or 660.582.0429 Fax: 660.582.0430 Email: [lpi@lightning.org](mailto:lpi@lightning.org)

### Application for Manufacturer Membership

1. (a) Full Name of Applicant Company:

\_\_\_\_\_

Name under which business is conducted, if different:

\_\_\_\_\_

How many years have you been in business under this name? \_\_\_\_\_

How many years has your company been manufacturing lightning protection system components? \_\_\_\_\_

Address of Principal Place of Business:

\_\_\_\_\_

(Number and Street)

\_\_\_\_\_

(City)

(State)

(Zip)

\_\_\_\_\_

(e-mail address)

(web site address)

Mailing Address, if different:

\_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Toll Free: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How many years of experience do you personally have manufacturing lightning protection components? Please explain in detail: \_\_\_\_\_

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(c) Person to contact for further information concerning this Application Form: (note: this is not a reference)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

(d) Person authorized to receive all Lightning Protection Institute communications and responsible for disseminating the same within Applicant's Organization:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. If Applicant is a Corporation, give date and place of Incorporation:

\_\_\_\_\_

(Date)

\_\_\_\_\_

(State of Incorporation)

3. (a) Is Applicant a successor to another entity (Sole Proprietorship, Partnership or Corporation) which has been engaged in the manufacture, distribution, and/or installation of lightning protection systems?  Yes  No

If yes, complete sections b and c:

(b) Full name of Predecessor Entity, address and date succession occurred:

\_\_\_\_\_

(Name of Predecessor Entity)

\_\_\_\_\_

(Street Address)

\_\_\_\_\_ City) \_\_\_\_\_ (State) \_\_\_\_\_ (Date of Succession)

(c) Has Applicant merged with or acquired another entity (Sole Proprietorship, Partnership, or Corporation) engaged in the business of manufacture, distribution and/or installation of Lightning Protection Systems?  Yes  No

If yes, describe briefly: \_\_\_\_\_

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4. List any other individuals employed by or associated with applicant who would be involved

In the activities of the Lightning Protection Institute:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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5. Please list (3) business or industry related references.

\*Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

\*Mailing Address: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ \*Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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\*Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

\*Mailing Address: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ \*Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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\*Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

\*Mailing Address: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ \*Fax Number: \_\_\_\_\_

E-Mail \_\_\_\_\_

**\*denotes a required field**



# Lightning Protection Institute

## 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 I and my company agree to abide by said Code of Ethics while a member of the Lightning Protection Institute.*

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*Company*

*Date*

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*Signature*

*Print Name*



# Lightning Protection Institute

Lightning Protection Institute

P.O. Box 99

Maryville, MO 64468

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## AGREEMENT REGARDING BY-LAWS

I, being first duly sworn, state that, on behalf of and with the authority of the company applicant named below, have read the By-Laws of the Lightning Protection Institute (LPI), as revised and adopted September 19, 1990, and that I understand said By-Laws and represent that all officers and employees of said company applicant will abide by said By-Laws as a condition of acceptance and continuation of said company applicant's membership in the LPI.

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: \_\_\_\_\_



# Lightning Protection Institute

## Company Contact Information (Questions? Please contact us at 1-800-488-6864)

Fill-out the contact information below EXACTLY as you wish it to appear in our records, please PRINT NEATLY. (See examples as to how your information will appear in boxes to right.)

1. General Contact Information: (LPI will send information, updates, and list you in our internal database with this address.)

Your Name: \_\_\_\_\_

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: \_\_\_\_\_

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](http://www.lightning.org)). If you leave a space "blank" below, that space will be blank on your listing.

\*Note: this is how the public will be able to contact you, so please complete this section.

Company Name: \_\_\_\_\_

Main Contact Person: \_\_\_\_\_

Street or Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Toll Free: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Main contact Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

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  
E-mail: [jsmith@companyname.com](mailto:jsmith@companyname.com)  
Website: [www.companyname.com](http://www.companyname.com)  
Membership Type: Affiliate  
(JI) John M. Smith

*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 LPI website, I understand it is my responsibility to contact the LPI office to have records updated.*

Owner/Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Lightning Protection Institute

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

From: \_\_\_\_\_ (Name of person providing reference)

\_\_\_\_\_ (Company)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Address)

\_\_\_\_\_ (phone) \_\_\_\_\_ (E-mail)

Re: \_\_\_\_\_ (applicant company name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Applicant company address)

**Message:** The above applicant has listed you as a business reference for membership in The Lightning Protection Institute (LPI). Please complete this sheet and return to the applicant for submittal with their membership request. We greatly appreciate your time in this matter.

1. How long have you known the applicant listed above? \_\_\_\_\_

2. What is your relationship with the applicant? \_\_\_\_\_

3. Please describe the quality of work provided by the applicant: \_\_\_\_\_

4. How would you define the applicants reputation/character? \_\_\_\_\_

5. Please provide any additional comments as to your knowledge of the applicant and company \_\_\_\_\_

Signed: \_\_\_\_\_ Company: \_\_\_\_\_

(Note: 3 business references are required with application for membership)