



## LIGHTNING PROTECTION INSTITUTE

### **Application for Professional Membership**

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

Please complete, sign, **notarize**, and mail or e-mail us the following Application packet. There is a \$75 application fee, which can be paid with a check or credit card. Annual dues are \$150 for Professional Division members; billed each November and due by December 31st.

Once we receive your Application packet, it will be distributed to the LPI Board of Directors to vote on your membership. Once approved by 75% vote of our Directors, we will advise you of your Professional Division 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](http://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](mailto:LPI@lightning.org) or call us at 800-488-6864.



Lightning Protection Institute  
 333 Peterson Road, Suite F  
 Libertyville, IL 60048  
 Phone: 800.488.6864 or 224.433.6680  
 Email: lpi@lightning.org

**APPLICATION FOR  
 PROFESSIONAL MEMBERSHIP**

1. Full Name: \_\_\_\_\_

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

Company Address: \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
 (City) (State) (Zip)

Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Personal Data: \_\_\_\_\_

Date of Birth

\_\_\_\_\_  
 Home Address City State Zip

Current Position/Job Description: \_\_\_\_\_

2. Experience and reason for joining LPI: In this space, please describe briefly any previous experience in lightning protection and why you would like to join LPI.

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

3. Education:

*Check the highest grade or year attended at each school level*

High School	9	10	11	12	
Secondary	1	2	3	4	>4

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

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:*

Standards Committee  
Meeting Program Committee  
Certification Committee

Membership Committee  
Research and Development  
Other (Please Indicate):

\_\_\_\_\_

*Information Exchange:*

a) 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: \_\_\_\_\_

\_\_\_\_\_

b) 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)*

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



**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 agree to abide by said Code of Ethics while a member of the Lightning Protection Institute.*

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*Signature*

*Date*



**LIGHTNING PROTECTION  
INSTITUTE**

## Lightning Protection Institute

333 Peterson Road, Suite F  
Libertyville, IL 60048  
Phone: 800.488.6864 or 224.433.6680  
Email: LPI@lightning.org  
Website: www.lightning.org

### 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 October 6, 2014, 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 (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 complete electronically or PRINT NEATLY.

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

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

**3. Contact Information to be shown on our Website:** *(Lpi will list exactly how you wish your name to appear to 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. \*Note this is how the public will be able to contact you, so please complete this section.*

Company's Name: \_\_\_\_\_

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

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

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

Phone Number: \_\_\_\_\_

Toll Free: \_\_\_\_\_ Fax: \_\_\_\_\_

Main Contact E-mail: \_\_\_\_\_

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

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