

CONTRACTOR CORPORATE MEMBERSHIP APPLICATION

1911 Rohlwing Road, Suite A Rolling Meadows, IL 60008-1397
Phone: 800-297-5660 or 847-297-6464 Fax: 847-297-5038 Web site: www.rses.org



FOR HEADQUARTERS USE ONLY

Member No. _____ Chapter No. _____ BC _____

PLEASE TYPE OR PRINT CLEARLY

Name of company _____
 Street address _____
 City _____ State/Province _____ Zip/Postal Code _____
 Country _____ Tax ID _____
 Phone _____ Fax _____
 E-mail _____ Web site _____
 Description of business _____
 Primary contact _____
 Signature _____

Please select one of the categories below to determine your annual assessment:

	Annual cost	RSES Journal issues included	RSES individual memberships included	Additional discounted individual memberships
<input type="checkbox"/> A. Contractor (1–3 HVACR employees*)	\$350.00	1	1	\$110/member
<input type="checkbox"/> B. Contractor (4–10 HVACR employees*)	\$500.00	2	2	\$105/member
<input type="checkbox"/> C. Contractor (11–19 HVACR employees*)	\$750.00	3	3	\$100/member
<input type="checkbox"/> D. Contractor (20+ HVACR employees*)	\$1100.00	4	4	\$90/member

* Includes service/installation technicians, first-line supervisors, estimators, schedulers, sheet metal specialists, etc.

Note: A special RSES Journal individual subscription price (\$18 per year per subscription) is included in membership dues. Members may not deduct the subscription price from dues. To determine if RSES membership dues are tax-deductible, consult your tax advisor.

Please list individual names and types of membership below:

	Additional free membership	Additional discounted membership
1st member name _____	<input type="checkbox"/>	<input type="checkbox"/>
2nd member name _____	<input type="checkbox"/>	<input type="checkbox"/>
3rd member name _____	<input type="checkbox"/>	<input type="checkbox"/>
4th member name _____	<input type="checkbox"/>	<input type="checkbox"/>

Please list any additional member names on a separate piece of paper and include it with this application. *Note:* Each individual member will also need to complete a Contractor Individual Membership Application.

PLEASE RETURN THIS FORM WITH YOUR CHECK (OR USE CREDIT CARD INFO BELOW). THANK YOU!

Check enclosed (*make payable to RSES in U.S. dollars*)

Credit card VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card No. _____ Expiration date _____

Authorized signature _____ CCV _____

ANSWERS REQUIRED

1. My primary HVACR role is: *(check one)*
 - Contractor
 - Service Technician/Installer
 - Operations/Maintenance Manager/Engineer/Technician
 - Engineer
 - Sales
 - Instructor
 - Student
 - Other _____
(please specify)

2. I heard about RSES from: *(check one)*
 - Seminar
 - Chapter
 - Friend
 - Employer
 - School/Instructor
 - Member (current/former)
 - Direct mail
 - Internet
 - RSES Journal
 - Other _____
(please specify)

3. My e-mail preferences: *(check all that apply)*
 - Conference
 - Seminars
 - Regional/Association/Chapter news
 - General news
 - Training and testing news
 - Product news
 - Chapter Officer news
 - RSES Journal updates
 - RSES Journal news and Web exclusives
 - RSES Journal e-newsletters
 - Industry news and events
 - Membership benefits
 - Business-related third-party offers

PAYMENT WORKSHEET

1. Annual cost: \$ _____
2. Additional discounted membership fee: \$ _____
3. Number of additional discounted members: _____
4. Discounted individual memberships subtotal (line 2 × line 3): \$ _____

Total (line 1 + line 4): \$ _____