

# SCHOOL CORPORATE MEMBERSHIP APPLICATION

PO Box 248 Arlington Heights, IL 60006-0248  
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*

School Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Tax ID \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Primary contact \_\_\_\_\_

Signature \_\_\_\_\_

	Annual cost	<i>RSES Journal</i> issues included	RSES individual memberships included	Additional discounted individual memberships
<b>Annual school assessment</b> .....	\$250.00	.....1	.....1	.....\$115/member

*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:**

1st member name \_\_\_\_\_ (Free membership)

2nd member name \_\_\_\_\_ (Additional discounted membership)

3rd member name \_\_\_\_\_ (Additional discounted membership)

4th member name \_\_\_\_\_ (Additional discounted membership)

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

**Official School Proctor**

Name \_\_\_\_\_

*Note:* Individuals interested in becoming proctors are required to complete and return the proctor application. RSES will then evaluate the application and, if approved, will send an approval confirmation along with the appropriate testing instructions to the proctor. The proctor registration process and ordering of exams should be done well in advance of a scheduled exam date.

**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: \$ 250.00

2. Additional discounted membership fee: \$ \_\_\_\_\_

3. Number of additional discounted members: \_\_\_\_\_

4. Discounted individual memberships subtotal (line 2 x line 3): \$ \_\_\_\_\_

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