

# SCHOOL INDIVIDUAL MEMBERSHIP APPLICATION

RSES 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

MC \_\_\_\_\_ Member No. \_\_\_\_\_ Chapter No. \_\_\_\_\_ BC \_\_\_\_\_

**PLEASE TYPE OR PRINT CLEARLY** the information you wish to be shown on all RSES records and correspondence.  Mr.  Mrs.  Ms.

First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Home address \_\_\_\_\_ Apt.# \_\_\_\_\_

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

Country \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Month/Day/Year of birth \_\_\_\_\_

RSES member within the last 3 years?  Yes  No Member No. \_\_\_\_\_ CM \_\_\_\_\_ CMS \_\_\_\_\_

Send mailings to my:  Home address (above)  Business address (below)

Please check if you DO NOT wish to receive: Press releases, notices, announcements, and other information from RSES and the RSES Educational Foundation via:  E-mail  Fax  
Business-related third-party offers via:  Direct mail  E-mail  Fax

*Having agreed to abide by the Society Bylaws, and those of any Chapter or subsidiary association to which I may belong, I hereby officially apply for membership in RSES.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMPLOYMENT INFORMATION

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

Address \_\_\_\_\_

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

Country \_\_\_\_\_ Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Type of membership:  Free membership  Additional discounted membership (\$115/member)

*Note: A special RSES Journal individual subscription price (\$18 per year) 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.*

*Reminder: A School Corporate Membership Application must be submitted in order for individuals (or instructors) to qualify for free or discounted individual member dues.*

## 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. My firm's business is:**  
*(check one)*

- Contractor: 1-3 technicians
- Contractor: 4-10 technicians
- Contractor: 11-19 technicians
- Contractor: 20+ technicians
- HVACR industry OEM
- Industrial (manufacturing or processing, not HVACR industry)
- Wholesaler/Distributor
- Commercial/Institutional/ Government Agency/Association
- Other \_\_\_\_\_

*(please specify)*

**3. I heard about RSES from:**  
*(check one)*

- Seminar
- Chapter
- Friend
- Employer
- School/Instructor
- Member (current/former)
- Direct mail
- Internet
- RSES Journal
- Other \_\_\_\_\_

*(please specify)*

**4. 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