

# 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"/> <b>A. Contractor</b> (1–3 HVACR employees*) . . . . .	\$350.00 . . . . .	1 . . . . .	1 . . . . .	\$110/member
<input type="checkbox"/> <b>B. Contractor</b> (4–10 HVACR employees*) . . . . .	\$500.00 . . . . .	2 . . . . .	2 . . . . .	\$105/member
<input type="checkbox"/> <b>C. Contractor</b> (11–19 HVACR employees*) . . . . .	\$750.00 . . . . .	3 . . . . .	3 . . . . .	\$100/member
<input type="checkbox"/> <b>D. Contractor</b> (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): \$ \_\_\_\_\_