

SCHOOL 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

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
Annual school assessment	\$250.0011	\$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): \$ _____