

INDIVIDUAL MEMBERSHIP APPLICATION

RSES 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

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 _____

EDUCATION/EMPLOYMENT INFORMATION

School Name (most recent) _____ Years attended _____

City _____ State/Province _____ Area of study _____

Employer Name (current or most recent) _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Phone _____ Alt. Phone _____

Fax _____ E-mail _____

PAYMENT METHOD

New Member Dues (check one) One year: \$128.00 Two years: \$230.40 (save 10%) Three years: \$326.40 (save 15%)

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

Credit card VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card No. _____ Expiration date _____

Authorized signature _____ CCV _____

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.

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