

CONTRACTOR 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

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