

# RESNA Assistive Technology Standards Committee Membership Application/Renewal Form RESNA Standards Committee on Cognitive Accessibility (CA) 2017

## CONTACT INFORMATION

### Company name

parent company (if applicable)

corporate website address

brief description of organization

### Primary representative name

title

street address

city state postal code

phone fax

e-mail (required)

### Alternate representative name

title

street address

city state postal code

phone fax

e-mail (required)

### Financial contact name (for invoicing, if different than primary rep)

title

street address

city state postal code

phone fax

e-mail (required)

Please complete a separate application for each committee in which your company intends to participate.

## MEMBER BENEFITS

Membership provides maximum access and value, offering:

- Designation of one member representative to a committee
- Participation on a RESNA Assistive Technology Standards Committee
- Current American National Standards and working drafts specific to the committee on which the member is participating

## ADMINISTRATIVE FEE (schedule on page 2)

RESNA Assistive Technology Standards Committee membership is based upon a calendar-year billing cycle. An interested party may join at any time. Future billing cycles will begin on January 1 of each subsequent year.

\$  
Annual global sales revenue (optional)

Number of employees

\$  
**Annual administrative fee**  
(see schedule on page 2)  
Note: For International Wire Transfer,  
please add \$35.00 processing fee

Number of Committees  
in which your company  
intends to participate  
(submit separately)

## PAYMENT INFORMATION

A check, made out to RESNA, is enclosed

Please charge fee to the credit card indicated below:

Visa  MasterCard

Expiration date mo/yr

Credit card number

Credit card security  
code (3 digits)

Billing address and postal code

Name as it appears on card (print)

Signature

## NOTICE

We are in accord with the purposes and principles of RESNA and wish to join a RESNA Assistive Technology Standards Committee as a member. We also agree to provide a minimum of 60-days notice prior to our renewal date should we elect to terminate membership.

Name (printed)

Signature

Date

**Application must be signed**

Return completed application/renewal form  
with administrative fee to:

RESNA  
1560 Wilson Blvd, Suite 850  
Arlington, VA 22209

tel: 703-524-6686  
fax: 703-524-6630  
eml: technicalstandards@resna.org

# RESNA Standards Committee on Cognitive Accessibility (CA)

## FEE SCHEDULE

Administrative fees for **Government, Educational and Individual Members** are a flat rate.

Administrative fees for a **Company or Organization** are based on the type of business and the number of employees in the business.

The fee structure for each industry is based on the number of standards and the volume of work required to manage the specific standards development activities.

## INTEREST CATEGORY

Please indicate the interest category that best applies to you and/or your organization (select only one):

- Academia Research** – please specify: \_\_\_\_\_  
Individuals working within a university setting
- Consumers/Caregivers/Advocates** – please specify: \_\_\_\_\_  
Individuals with disabilities, caregivers and advocate for an individuals with disabilities
- Government** – please specify: \_\_\_\_\_  
Professionals working within the government
- Product Research & Development** – please specify: \_\_\_\_\_  
Professionals who design technologies
- Test Labs, Testing Assessment, & Clinical Experts** – please specify: \_\_\_\_\_  
Professionals with expertise in accessibility standards, training, research and providers of assessment consultation
- General** – please specify: \_\_\_\_\_  
Individuals with a general interest in this area of work based on personal relevance, background, or current work.

## MEMBER CATEGORY & ADMINISTRATIVE FEE

Please indicate your member category (choose one) and check your administrative fee:

- Individual/Educational/Government Member** **\$35**
- Company and Organizational Members (select below)**

For companies and organizations, please check the category that best applies to your company and/or product:

<input type="checkbox"/> <b>Product Manufacturers/Suppliers</b>
Based on your number of employees, check the administrative fee:
<input type="checkbox"/> 1 – 19 <b>\$230</b>
<input type="checkbox"/> 20 – 99 <b>\$450</b>
<input type="checkbox"/> 100 – 499 <b>\$700</b>
<input type="checkbox"/> 500 or more <b>\$1,150</b>
<input type="checkbox"/> <b>Other Companies:</b> (Test Lab or Disability Organization)
Based on your number of employees, check the administrative fee:
<input type="checkbox"/> 1 – 19 <b>\$90</b>
<input type="checkbox"/> 20 – 99 <b>\$180</b>
<input type="checkbox"/> 100 – 499 <b>\$580</b>

Please enter the **Annual Administrative Fee** on the **front page** of the application.