RESNA Assistive Technology Standards Committee Membership Application/Renewal Form
RESNA Standards Committee on Inclusive Fitness (IF) 2020

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)

*Discounts apply for companies participating on multiple committees:

10% Discount for 2 committees

20% Discount for 3 or more committees

PAYMENT INFORMATION

☐ A check, made out to RESNA, is enclosed

☐ Please invoice me to pay online with a credit card

☐ I will be making payment via ACH/ Wire using information below:

Bank Name: CIBC Bank USA

Bank Address: 120 South LaSalle Street Chicago, IL  60603

ABA: 0710-0648-6

SWIFT Code: PVTBUS44

Favor of (“F/O”): RESNA

Account (“A/C”): 2642085

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
RESNA Standards Committee on Inclusive Fitness (IF)

**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:

- **Academia Research** – please specify: Individuals working within a university setting
- **Consumers/Caregivers/Advocates** – please specify: Individuals with disabilities or caregivers and advocates for individuals with disabilities
- **Government** – please specify: Professionals working within the government
- **Fitness Facility Staff/Trainers** – please specify: Professionals working within a fitness facility
- **Fitness Equipment Manufacturers** – please specify: Professionals who manufacture, supply, or install fitness equipment. Please specify strength/aerobic/other
- **Research & Development** – please specify: Individuals who are involved with the design of mobility devices or researching new opportunities
- **Test Labs, Testing Assessment, & Clinical Experts** – please specify: Professionals with expertise in accessibility standards, training, or 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/Non-Profit Member** $35
- **Government** $115
- **Company and Organizational Members (select below)**

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

<table>
<thead>
<tr>
<th>Product Manufacturers/Suppliers</th>
<th>Based on your number of employees, check the administrative fee:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>1 – 19 $400</td>
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<tr>
<td></td>
<td>20 – 99 $700</td>
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<tr>
<td></td>
<td>100 – 499 $1,400</td>
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<td></td>
<td>500 or more $2,300</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Other Companies (Test Lab or Organization)</th>
<th>Based on your number of employees, check the administrative fee:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 – 19 $90</td>
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<tr>
<td></td>
<td>20 – 99 $180</td>
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<tr>
<td></td>
<td>100 – 499 $580</td>
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</tbody>
</table>

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