

# RESNA Assistive Technology Standards Committee Membership Application/Renewal Form RESNA Standards Committee on Adaptive Sports Equipment (ASE) 2018

## 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 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., Ste 850  
Arlington, VA 22209

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

