

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
1700 North Moore St, Ste 1540
Arlington, VA 22209

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

