

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

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** **\$35**
- Government Member** **\$115**
- 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"/> Product Manufacturers/Suppliers
Based on your number of employees, check the administrative fee:
<input type="checkbox"/> 1 – 19 \$400
<input type="checkbox"/> 20 – 99 \$700
<input type="checkbox"/> 100 – 499 \$1,400
<input type="checkbox"/> 500 or more \$2,300
<input type="checkbox"/> Other Companies: (Test Lab or Disability Organization)
Based on your number of employees, check the administrative fee:
<input type="checkbox"/> 1 – 19 \$90
<input type="checkbox"/> 20 – 99 \$180
<input type="checkbox"/> 100 – 499 \$580

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