

RESNA Assistive Technology Standards Committee Membership Application/Renewal Form RESNA Standards Committee on Wheelchairs and Transportation (COWHAT) 2019

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 following)

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

RESNA Standards Committee on Wheelchairs and Transportation (COWHAT)

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):

- Wheelchair Tiedown and Occupant Restraint Systems** - a person who is employed by a manufacturer of, serves as a supplier for, or designs wheelchair tiedown and occupant restraint systems
- Wheelchairs and Wheelchair Seating Systems** - a person who is employed by a manufacturer of, serves as a supplier for, or designs wheelchairs and/or wheelchair seating systems or their components
- Auto-safety Researcher** - a person who participates in research related to auto safety and occupant crash protection, who conducts tests using methods set forth in RESNA standards, or who provides technical advice to stakeholders regarding transportation of people seated in wheelchairs
- Rehabilitation Researcher** - a person who participates in research related to development and evaluation of assistive technologies for people with disabilities
- Clinician/Prescriber** - a person who works clinically with people with disabilities and/or who prescribes wheelchairs and other related equipment for them
- Policy Experts, Payers, and Educators** - a person who represents organizations, including governments, that set policy for transportation of people with disabilities, who represents organizations and entities that pay for assistive technologies and vehicle adaptive equipment, or who work to educate stakeholders on best practice in wheelchair transportation safety.
- Consumers, Advocates, and Caregivers** - a person who uses assistive technologies, who advocates for people with disabilities, and/or who works as a caregiver for one or more persons with disabilities, including family members
- Transit Providers** - a person who represents companies or agencies involved in the transport of people with disabilities, including public transportation, paratransit (door-to-door services), and school transportation
- General** - 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:

- Government Member \$115** **Educational Member \$35** **Individual Member \$35**
- Company and Organizational Members**

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

<input type="checkbox"/> Transportable Wheelchair Manufacturer
<input type="checkbox"/> Wheelchair Tiedown & Occupant Restraint Manufacturer
<input type="checkbox"/> Bus & Bus Seat Manufacturer
<input type="checkbox"/> Independent Test Laboratory
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

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